

Wales

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Dental Digest

Foreword

by Colette Bridgman, Chief Dental Officer, Wales

Colleagues, welcome to the latest edition of the dental digest. 2019 will be a significant year for dentistry and oral health improvement in Wales. I trust the topics and articles in this digest will help to keep you and your team up to date with what is happening. Please do share the 'Dental Digest' with other team members after you have read it.

In July 2018 we published *A Healthier Wales: our Plan for Health and Social Care – the oral health and dental services response*: gov.wales/docs/phhs/publications/the-oral-health-and-dental-services-response.pdf

This set out how dentistry and oral health improvement would contribute to national policy direction as described in: *A Healthier Wales: Our Plan for Health and Social Care*: gov.wales/topics/health/publications/healthier-wales/?lang=en

So much has happened since then. We recognise that by investing in the dental teams we have – to encourage and create environments and opportunities for better ways of working, we can support change and innovation

to happen. Communication and engagement with dental teams, committees and representatives is taking place across Wales. Dentists, Dental Care Professionals (DCPs), academics and health board managers are contributing to and shaping change. Please do get involved and make sure your team has secured a place at the second national dental symposium – being held in Cardiff on 21 March 2019 – to hear all the details from those taking part.

Making sure patients with greatest needs can access routine dental care and treatment; stepping up a preventive approach to care for all patients, making more effective use of the resources we have and using the skills of the whole team in delivery, will be the key areas of work and focus in transforming dentistry during 2019.

Progress is being made. Action is being taken to expand involvement in contract reform across Wales. 22 dental practices across the seven health boards participated in the initial stage of the current programme. In October 2018 this was increased and over 50 practices are now taking part. In April 2019 it will expand further to involve 20% of all practices with NHS contracts in Wales.



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Key changes resulting from the reform programme to date include: low Units of Dental Activity (UDA) values being removed from the system and UDA 'targets' being reduced and replaced with more meaningful measurement and expectations. The changes are allowing practices to assess patients once well per year by using the ACORN tool. The information is collected and now reported on FP17Ws. It is being used to understand the complexity and the needs of the patient population attending the practice and is used to personalise oral health advice and recall intervals with individual patients. The 'expectations' and patient facing resources outline what patients are expected to do for themselves to maintain and improve their oral health and what evidence-informed interventions and advice dental teams will be delivering.

A number of underpinning pieces of work are also taking place. We are establishing and distributing an innovation fund to support practices to increase the use of skill mix to achieve efficient and effective delivery of their current contract (73 applications were received and more than half were successful. There will also be a second call for applications). We are also establishing a Faculty for DCPs to improve the quality and scope of their training and career opportunities; and implementing an electronic referral management system (eRMS) for all referrals to all NHS dental specialist services across Wales.

eReferral Management System (eRMS) is planned to go live in the first two early adopter health boards (Hywel Dda and Abertawe Bro Morgannwg University Health Boards) on 4 March 2019. It will then be rolled out to all health boards by June 2019. All the Information needed to access the eRMS web site, for training resources and guides on how to use the system will be going out this month to the early adopter health board dental teams.

Finally, huge thanks to everyone who has contributed to improving access to NHS dentistry for children. The first article included in this edition of the dental digest illustrates the positive impact you are having. We are seeing improved access for children at a population level. This could not happen without combined effort and collaborative work with practices. More children (numbers and proportion of the child population) than ever recorded in the last two decades are accessing and receiving care with family dentists in Wales. This is a significant impact of change happening and although a result of sustained effort by many, it illustrates in particular the response of dental practices delivering NHS contracts.

While we celebrate this improvement in child access I am aware that challenges remain in adult population groups. I am particularly concerned about older teenagers and young adults. However, seeing results like this make us more determined than ever to continue to work with dental teams who deliver NHS dentistry in Wales, to encourage more of them to take part in transformation and shape their future.

We need to understand and respond to what else needs to change so that practices will welcome and treat new adult patients, whether they are routine or higher needs. We also need to help more adults in Wales adopt behaviour and self care routines that will protect oral health and ensure that existing adult patients are making appropriate use of available dental service capacity.

One in eight of all dental practices with NHS contracts in Wales are now actively participating. By April 2019 we hope at least one in five will be part of the change programme and being supported to deliver prudent dental healthcare.

That is a fast pace of change and as I said at the beginning of this foreword 2019 is likely to be a significant year for dentistry in Wales – be part of it.

Dental Access Improvement in children

Thanks to all of you who have been involved (in particular dental practice teams, but also Community Dental Service (CDS) and Designed to Smile (D2S) teams, health boards, Health Education and Improvement Wales and academic partners etc.) We are seeing the **impact of your collective effort** in population level access improvement for children. We have shared the sustained improvement in oral health in children as previously published in epidemiological surveys and D2S reports.

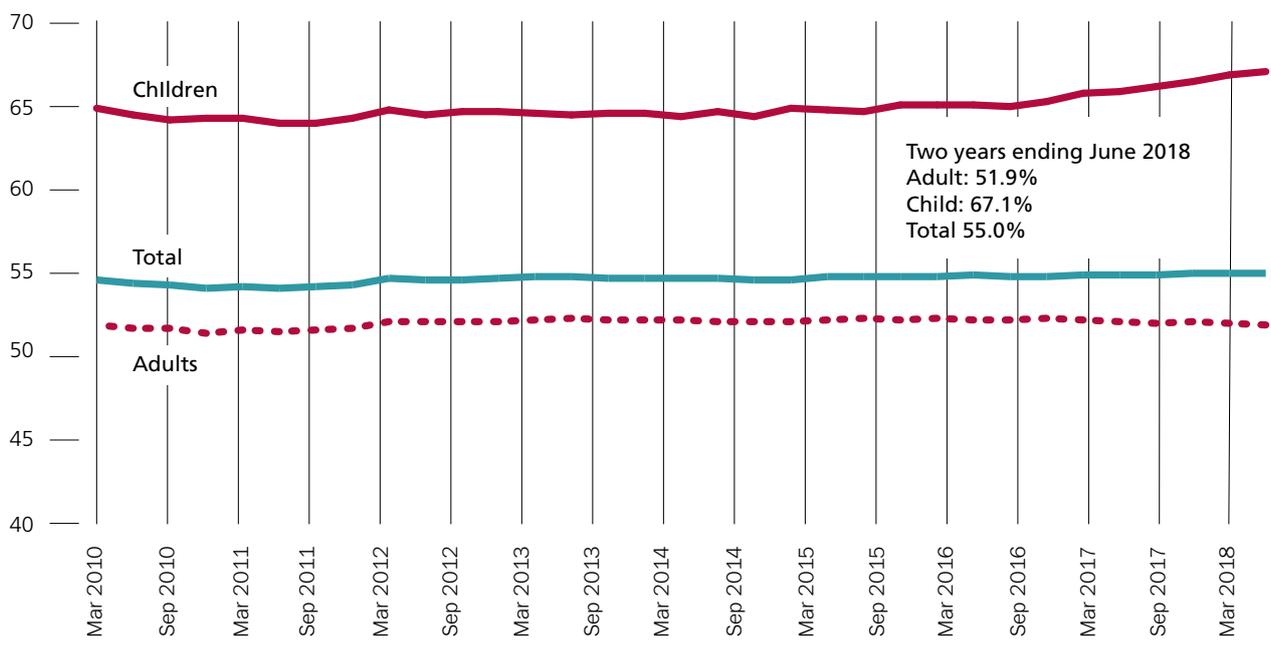
Latest access figures as a result of **NHS Contract delivery between 1 April 2018 and 30 June 2018** demonstrate a steady and sustained improvement in child access to NHS dental care. Chart 1 below illustrates that change is happening after several decades of a persistent flat line in child access. 421,488 children (under 18 years old) were recorded as having attended NHS dental care in the 24 month period ending 30 June 2018, amounting to 67.1 per cent of the child

population (under 18s). **These figures represent an all time high in child access to NHS dentistry in Wales.**

In addition to children accessing their family dentist in the same period 43,007 children (under 16) received care in the CDS. It is possible that some children are seen by both family dentists and the CDS in a shared care arrangement, hence counted in both sets of statistics but this number is likely to be small. The CDS is soon to report clinical activity on the FP17W, so the true access total will be known in future years. Importantly, this will help us to target children who are not being taken to the dentist and therefore, missing out on preventive advice and intervention.

In all child contacts with dental clinical services the opportunities for prevention should be optimal and evidence informed. This will contribute to sustained and long-term improvement in oral health.

Chart 1: Percentage of the population treated in the 24 month period by quarter and age group



Annual Influenza Vaccinations

Flu is an infectious disease that spreads easily and causes thousands of deaths each year in the UK. Last winter in Wales, we saw the most severe flu season for several years, affecting people of all ages. There were 88 outbreaks of flu in hospitals and care homes.



Flu was identified to be circulating again in Wales at the beginning of January this year and is generally expected to circulate for around 14 weeks. Ideally, the vaccine is given before flu starts to circulate but it is not too late to get some protection from the vaccine this winter. Based on early results the vaccine appears to be well matched to the circulating strains.

People at increased risk of the infection and complications should have a flu vaccination every year, as should the people caring for them. This includes frontline dental staff.

Influenza (flu) is spread via droplets, aerosols, or direct contact with respiratory secretions of someone with the infection. When influenza is circulating there is also a risk of transmission within dental practices because of aerosol sprays generated by drills and ultrasonic scalars. Some people with the infection can be asymptomatic but still infectious.

Members of dental teams have a responsibility to protect themselves from catching and spreading flu to their patients. The single best way to reduce the chances of catching flu is by having a flu vaccine each year. This is also the best way to protect against spreading it.

Dental staff can help reduce the spread of flu by:

- Having the vaccine themselves, especially if they work directly with clients
- Staying away from work if they think they might have flu
- Practicing good hygiene to reduce the likelihood of flu lurking on hard surfaces, and
- Encouraging eligible individuals to get their flu vaccine.

You can find out more about flu and flu vaccinations at www.beatflu.org. There are also posters and leaflets to help raise awareness available free from Public Health Wales: www.publichealthwales.org/HealthInformationResources

As a frontline healthcare worker it is important you have your flu vaccine, so if you haven't had yours yet this winter, talk to your employer soon and make sure you get protected. Don't miss out.



Welcome to Health Education and Improvement Wales

Established on 1 October 2018, Health Education and Improvement Wales (HEIW) brings together three key organisations for health: the Wales Deanery; NHS Wales' Workforce Education and Development Services (WEDS); and the Wales Centre for Pharmacy Professional Education (WCPPE). It is the only Special Health Authority in NHS Wales.

HEIW includes the former Dental Deanery and postgraduate team from Cardiff University – now known as the HEIW Dental Section. Under the leadership of Professor David Thomas, the HEIW Dental

Section will continue to support dental teams across Wales with a wide range of training, education and Quality Improvement resources. You can access further information here: heiw.nhs.wales/

To receive information about courses, make sure you register with the MaxCourse system: www.maxcourse.co.uk/walesdent/guestHome.asp

Designed to Smile and General Dental Practice team engagement



HEIW has recently launched a new e-learning resource. *Designed to Smile in Practice* is accessible by all members of the dental team and has been developed with feedback from foundation dentists in Wales who tested and used it.

The course guides dental professionals through an online quality improvement project to embed evidence-based preventative care and advice for children age 0-6 years in their practice. The evidence base aligns with Designed to Smile and reinforces the valuable

part all dental team members can play in preventing dental caries in children. You can read more at the following link and register your interest in using the resource:

dental.walesdeanery.org/quality-improvement/designed-smile-practice

The updated Designed to Smile web site includes information on settings (schools and nurseries) taking part in the programme – GDPs and their teams have requested this information and we hope it will be helpful:

www.designedtosmile.org/

Mandating of Electronic Submissions of Dental Activity Claims Wales

In October 2017 a change to regulations was laid before the National Assembly for Wales to support the submission of electronic claims.

From 1 May 2019 new courses of dental treatment will only be accepted by **electronic submission**. The currently available paper FP17W and FP17OW forms will be withdrawn, along with the Welsh language versions of the forms (FP17Ww and FP17OWw).

In preparation for this, the NHSBSA has developed an online FP17W and FP17OW that can be created by the Performer or Practice Manager in the Compass system as a direct replacement for the paper forms.

The Compass screens for Online FP17W and FP17OW transmission replicate the sections of the paper forms and build on the existing screens used for correcting paper forms

in error. Patients will be required to sign a FP17PRW (patient declaration) the same as practices submitting via EDI.

The NHS Business Services Authority is currently trialling the Online FP17W and FP17OW with a number of paper practices before making it more widely available.

If you would like to find out more or become a pilot practice, please email nhsbsa.liaisondental@nhs.net for further information.

Please note this has no impact on the Practice Management Systems currently available.

For reference, the relevant regulations can be found here: www.legislation.gov.uk/wsi/2017/1040/pdfs/wsi_20171040_mi.pdf

Yellow Card reporting system

The Yellow Card reporting system is run by the Medicines and Healthcare products Regulatory Agency (MHRA) and has been established for many years. It has recently been revised to allow patients to report the side effects of medicines they have been prescribed.

In the past, dental team reports have helped to identify serious adverse effects of prescribed medication. One example is Nicorandil (an oral medication for the treatment of angina) which can cause painful, deep ulcers on the border of the tongue.

Recent data shows that dental teams report very rarely compared with other healthcare professionals. It's likely that the dental profession see oral side effects of medication as well as general side effects far more frequently than suggested by the reporting data. You can report on any prescribed medication – not just those which you have prescribed.

You can read more about the Yellow Card scheme here: yellowcard.mhra.gov.uk/

A new and improved national antimicrobial prescribing audit

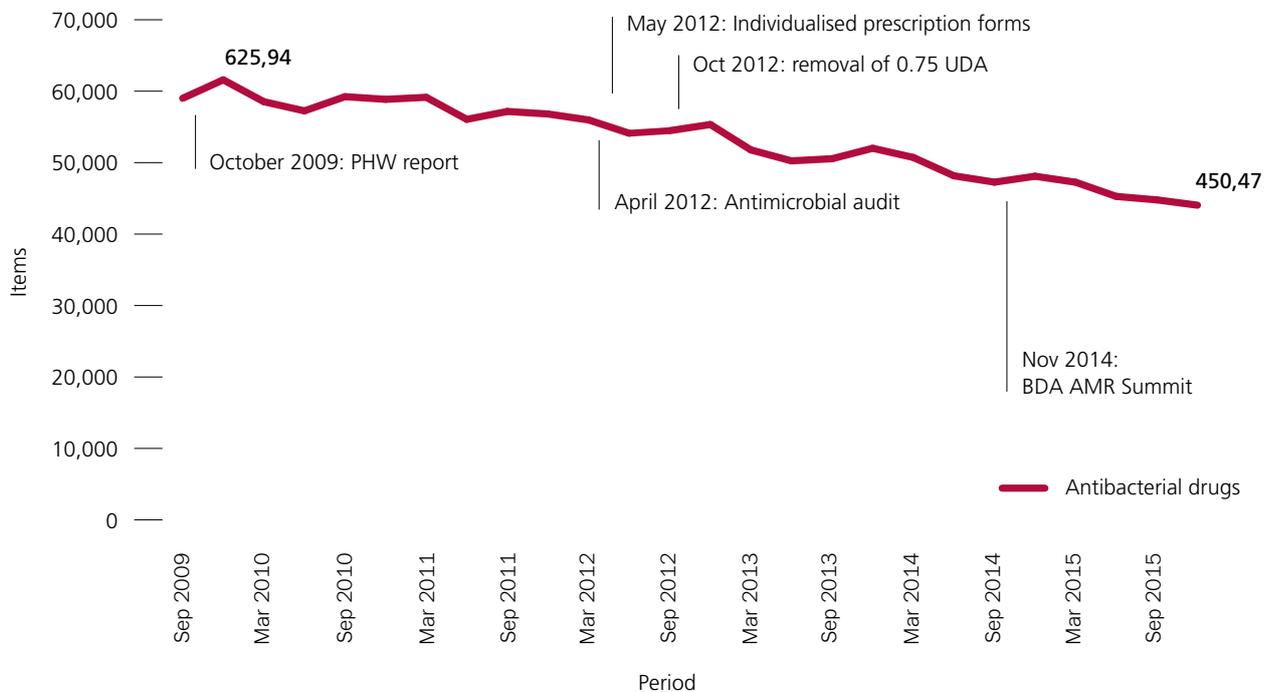
HEIW has published a fully revised antimicrobial prescribing audit for dentists in Wales. It draws on extensive experience and feedback from dentists who used the original audit. Dentists are strongly recommended to audit their antimicrobial prescribing and thereby help to reduce the very real risk of antibiotic resistance. Satisfactory completion of the audit qualifies participating dentists for verifiable Continual Professional Development (CPD) and those with a NHS contract can also claim funding. You can read more about the audit and register to participate here:

dental.walesdeanery.org/quality-improvement/national-audit-projects/antimicrobial-prescribing

Even if you used the original audit you may find it useful to use this fully revised version.

Dentists in Wales have reduced their antibiotic prescribing. Data provided by Anup Karki, Consultant in Dental Public Health (Public Health Wales) shows a 22% reduction between 2009 and 2015. There are a number of reasons for this – including use of the audit. This is very good news and we hope the revised audit will help clinicians to continue this trend.

Chart 2: Antibiotics Prescribing in Primary Dental Care



SDCEP guidance on endocarditis prophylaxis

Following publication of NICE guidance on endocarditis prophylaxis, the Scottish Dental Clinical Effectiveness Programme (SDCEP) has published advice for dental teams to facilitate implementation of the guidance:

www.sdcep.org.uk/published-guidance/antibiotic-prophylaxis/

In 2016 NICE recommended that 'antibiotic prophylaxis against infective endocarditis is not recommended **routinely** for people undergoing dental procedures'. The intention was that only a small number of at-risk individuals would require prophylactic cover for dental procedures. The dental profession was faced with the challenge of how to

identify those individuals. The SDCEP advice was developed to facilitate the practical implementation of the NICE guidance. The advice provides clear guidance including a summary flow chart on how to identify those individuals who require special consideration and for whom advice from a cardiologist or cardiac surgeon may be required. Other resources available via the SDCEP link above include a useful summary of points to cover during discussions with patients, a patient leaflet for individuals at increased risk of infective endocarditis and a template letter for liaising with cardiology teams.

Allocation of funding for quality improvement

HEIW supports dental teams in Wales with a wide range of audits and quality improvement resources. You can find more information here: dental.walesdeanery.org/quality-improvement-2

Until now dentists with a NHS contract have been able to apply for funding to support Clinical Audit and Peer Review. This CAPRO funding was provided by Welsh Government, administered by HEIW and paid to dentists via the NHS Business Services Authority.

The Welsh Government has published Welsh Health Circular (2018) 044 which describes a revised system for effective use of current Welsh Government funding to support clinical audit, peer review and quality improvement in

general dental practice. Quality improvement includes the use of national improvement tools and methodologies as developed and promoted by 1000 Lives Service Improvement. To date, the funding has been available only to dentists with a NHS contract to support audit and peer review. However funding will now be available to support all members of the clinical dental team and to support the use of all recognised quality improvement methodologies. The funding will be administered by Health Education and Improvement Wales Dental Section. You can read the Welsh Health Circular at this link: gov.wales/docs/dhss/publications/whc2018-044en.pdf

The Tobacco Control Delivery Plan for Wales 2017 – 2020

The Tobacco Control Delivery Plan (TCDP) contains 2 actions for dental teams in Wales:

- Yearly increase in dental referrals to smoking cessation services in Wales, and
- Dental practices to have at least one clinical team member who can apply brief intervention in smoking cessation and referral to smoking cessation.

beta.gov.wales/sites/default/files/publications/2017-11/tobacco-control-delivery-plan-for-wales-2017-to-2020.pdf

To date, dental teams have been engaged through training in brief intervention provided by HEIW; a funded audit; information about Help Me Quit (HMQ) services; and questions on the revised Quality Assurance Self Assessment System (QAS) issued by PHW.

Referral to HMQ is straightforward. If a patient is motivated to quit and agrees to pass on their contact details to HMQ, dental staff can enter details electronically via this link:

www.helpmequit.wales/professional-referral-form/

Smoking cessation support is also available in some community pharmacies or dental patients can ask their GP team for advice.

You can access general information about community pharmacies on health board web sites. The health boards in Cardiff and Vale, Cwm Taf and Hywel Dda provide specific advice about pharmacies which provide smoking cessation services:

Cardiff and Vale:

www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/PHARMACIES%20PROVIDING%20SMOKING%20CESSATION%20SERVICE.pdf

Cwm Taf:

cwmtaf.wales/services/pharmacy-medicines-management/

Hywel Dda:

www.wales.nhs.uk/sitesplus/862/page/77333

FDS/BAPRAS – Joint Statement on Oral Piercing and Tongue Splitting

The Public Health (Wales) Act 2017 introduced an age restriction for intimate piercing – it is unlawful in Wales to provide tongue piercing to persons under 18 years of age and all dental teams in Wales have been sent information about the risks of tongue piercing: www.1000livesplus.wales.nhs.uk/sitesplus/documents/1011/Oral%20Piercing%20Leaflet%20%28Dentists%29%20English%20draft%206.pdf

Local authorities are working with piercing establishments and their customers to enforce the law and ensure that young people are informed about the risks of tongue piercing.

More recently, the Faculty of Dental Surgery and the British Association of Plastic Reconstructive and Aesthetic Surgeons have published a joint statement on Oral Piercing and Tongue Splitting and the very serious risks which can be associated with these practices: www.rcseng.ac.uk/dental-faculties/fds/faculty/news/archive/statement-on-oral-piercing-and-tongue-splitting/

Although the Public Health (Wales) Act 2017 was commenced in July 2017, Welsh Government officials are working to introduce the full provisions of the Act in stages and dental colleagues will be invited to contribute when issues of body modification are considered.

Other News

A shared experience... It's not only patients who may need help in a Medical Emergency. Thanks to the dental team who shared this experience – it's always useful to learn from the experience of others and it may be something your practice team will want to discuss:

“We were treating a young child and his Mum (Mrs A.) had asked to be in the surgery while her son had a filling. The little boy was ‘as good as gold’ but the dental nurse noticed his Mum was looking agitated and flushed so she asked if there was a problem. Mrs A said she had a really sore throat and her GP had ‘just given her some antibiotics to sort it out’. She’d taken the

first dose an hour or so ago. The dental team stopped what they were doing to check on Mrs A and noticed she was developing a rash on her face and hands, as well as some facial swelling. She was clearly becoming distressed and showing signs of an acute allergic reaction. The team acted promptly to call for help as well as supporting Mrs A – adrenaline was administered. The paramedic team arrived and Mrs A was taken to hospital while other members of the team looked after her son. She made a full and quick recovery but the paramedics were in no doubt that the outcome might have been very different if Mrs A hadn't been treated so promptly”.

Next Edition

The next edition of the Digest will be issued in Summer 2019 and will include information on a wide variety of topics which we hope will be of interest to dental teams in Wales. We welcome items for “A shared experience...” and will include them anonymously if you'd prefer. Please e-mail Simon Parker at simon.parker@gov.wales