NHS Devon
NHS Plymouth
Torbay Care Trust

Oral Health Strategy 2012 – 2015 (Devon and Torbay)

Contents

The focus of this joint Oral Health Strategy is on the Devon and Torbay local authority areas as there is an already agreed strategy in place for Plymouth.

Foreword

Oral health is a key marker of the general health of a community. Dental disease processes are well researched and understood and effective prevention is a realistic goal and would contribute to the wider public health. This new strategy for oral health for the people of Devon and Torbay describes plans to deliver improvements in oral health over the next three years and beyond.

It outlines key priorities and actions for commissioners to ensure the achievement of better oral health for the people of Devon and Torbay starting at an early age and continued throughout life. The main focus is the introduction of evidence-based preventive strategies delivered within primary dental care, in high quality safe environments by skilled dental teams working collaboratively with the involvement of everyone responsible for delivering health and wellbeing. The achievement of these goals will be underpinned by self-care as well as access to appropriate services delivered by dental teams with the right mix of skills, the establishment of links with the wider community and public health improvements.

The framework for delivery will include:

1. Public health – develop targeted interventions to reduce health inequalities

2. Primary dental care – access to care and preventive focus achieved by close working relationships with general dental practitioners and professional links to other key healthcare workers

3. Urgent care – offered by appropriate providers

4. Self-care – information dissemination on the range of measures that individuals can follow at home to protect and improve their oral health

5. Prevention – identification of partnership working and promotion of effective prevention programmes

6. Specialist services – development of innovative systems for the delivery of specialist services using clinical networks, care pathways and referral systems.

This is not a new approach but the successful achievement of the ambitious aims in this strategy need all health professionals to work closely with the wider dental team to ensure sustainable and appropriate improvements in oral health in Devon and Torbay. Oral health is intrinsically linked to general health and the success of any Oral Health Strategy depends on the involvement of everyone responsible for delivering health and wellbeing.

Gill Jones
Consultant, Dental Public Health
Peninsula College of Medicine and Dentistry

1. Introduction

1.1 Oral health is an integral part of general health and wellbeing. Good oral health enables individuals to communicate effectively, to eat and enjoy a variety of foods, and is important in overall quality of life, self-esteem and social confidence.

1.2 Oral disease is largely preventable and the route which provides most oral health improvement is effective prevention. There are a number of risk factors which are associated with poor oral health: smoking, diet and alcohol are common to oral diseases and injuries, accidents and stress can also impact. Although advances in clinical operative techniques have made dental treatment more effective and acceptable, treatment approaches alone will never eradicate oral disease. Health interventions which represent the shift in philosophy from curative service provision towards prevention and health promotion are proven to be the most effective means of maintaining positive health for the population.

1.3 There have been recent improvements in oral health and these are likely to be attributable to the use of appropriate concentrations of fluoride toothpaste, improvement in oral hygiene, less treatment interventions and a more minimal treatment approach by dentists, changes in dietary habits and diet, reduction in smoking and a real improvement in public interest and motivation. Importantly, oral health inequalities have been observed as a major public health challenge within the wider determinants of health because lower income and socially disadvantaged groups experience disproportionately higher levels of oral disease.

1.4 The implementation of effective and appropriate prevention strategies is essential to supplement treatment services and public health interventions to reduce oral health inequalities. Promoting better health involves developing and implementing a common risk factor approach, to healthy public policies, creating environments that support and encourage better health, strengthening communities and helping people to acquire knowledge and skills. Any plans need all health professionals to work closely with the wider dental team to ensure sustainable and appropriate differences in oral health by approaching food and health policy to reduce sugar and alcohol intake – obesity, heart disease, supporting a common approach to improve oral hygiene and further developing smoking cessation policies.

1.5 In parallel with these actions, creating partnerships between other disciplines and forging alliances with organisations strengthens the spread of good practice and helps promote prevention and health promotion in a planned and co-ordinated way, avoiding duplication of effort and saving money.

1.6 Dentistry and oral health improvement cannot be delivered by dentists and their teams alone and, in order to ensure dentistry is developed appropriately as an essential part of local services, all health professionals will need to collaborate and work closely together.

2. Context for Oral Health

2.1 Child oral health has improved and fewer children experience tooth decay than they did 30 years ago. Older children in England now have the best oral health in Europe, however, national surveys still highlight inequalities which are strongly associated with social background.

2.2 Adult oral health in England has been and still is improving. More adults keep their teeth for life which produces a challenge for dentistry to support people with an ageing dentition.

2.3 Oral cancer incidence is rising; the risk increasing with smoking and alcohol intake, accounting for approx 800 deaths nationally each year. Survival rates increase dramatically if the disease is diagnosed early, but low awareness and the painless nature of early oral cancer means people generally only seek treatment when the cancer is more advanced and difficult to treat (Department of Health 2005).

2.4 Oral health inequalities have been observed as a major public health challenge because lower income and socially disadvantaged groups experience disproportionately higher levels of oral disease. There is robust evidence that poor oral health is more common in individuals from areas of relative deprivation. Vulnerable groups are also at risk as often they have poor access to oral health care services. These groups include people with disabilities; homeless people; elderly people living in long term residential care; looked after children and children with special needs; people with learning difficulties and mental health problems.

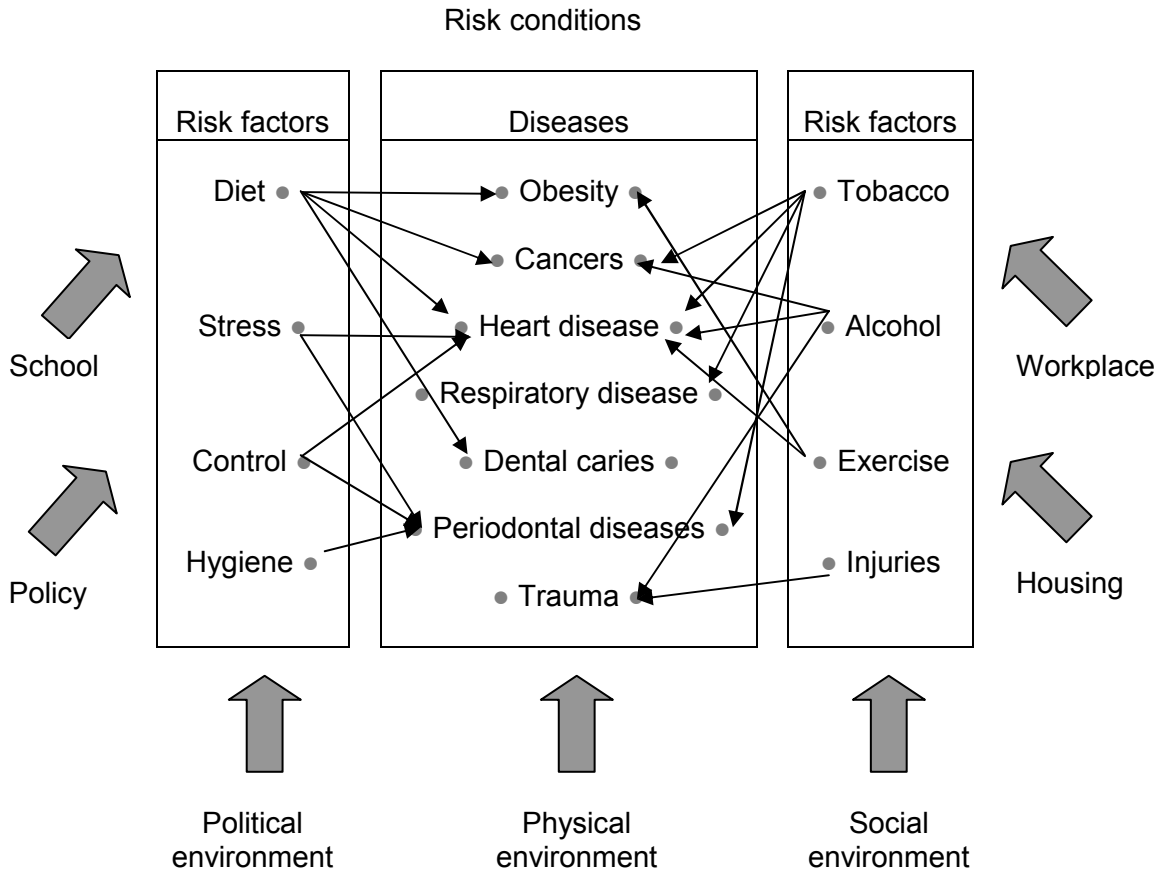
3. Policy Drivers for Change

3.1 In recognising the growing inequalities in health in England, the UK Government has produced a range of documents proposing areas for action on health improvement. There is now recognition that, although there is still a need to address the legacy of ill health and deal with economic and social factors known to influence health and wellbeing, it is acknowledged that treatment services alone will never successfully tackle the underlying causes of disease, including oral disease.

3.2 The World Health Organisation (2005) states that 'further improvements in oral health and a reduction in inequalities in oral health are dependent upon the implementation of public health strategies focusing on the underlying determinants of oral diseases. A range of complementary actions delivered in partnership with relevant agencies and the local community are needed. This delivery, based on a **common risk approach**, is more likely to be effective in achieving significant oral health gain.'

3.3 'The key concept of the integrated common risk approach is that by directing action towards these common risks and their underlying social determinants, improvements in a range of chronic conditions will be achieved more efficiently and effectively.

Figure 1: Common Risk Approach



Source: Strategies and approaches in oral disease prevention and health promotion Richard G Watt: Bulletin of the World Health Organisation September 2005, 83 (9).

3.4 This strategy is underpinned by this common risk approach to bring about the best possible improvements in oral health for the people of Devon and Torbay.

3.5 A number of strategies and policy directives have contributed to the development of dental services over the past six years. The main ones that inform this strategy are:

- **Choosing Better Oral Health: an Oral Health Plan for England (Department of Health 2005)**

  This plan was produced in 2005 and was supported by a prevention guide for dental teams and other health care workers.

- **High Quality Care for All – NHS Next Stage Review, Final Report (Darzi Report, Department of Health, June 2008)**

  This comprehensive review of the NHS in 2007 considered how public monies should be spent to enable the delivery of a responsive, high quality health service with a stronger focus on patients. The report's main recommendations are to improve health outcomes through the

development of partnerships, community-based services and focusing on evidence-based prevention.

- **Delivering Better Oral Health (Department of Health 2009)**

  This document revised the 2005 publication and provides an evolving evidence-base for effective preventive dental care for both children and adults. This toolkit provides an evidence-base and clear guidance to ensure consistent messages, which are up-to-date and are used by all professionals undertaking oral health activities with a focus on:

  - **healthy eating advice**: to promote good oral and general health it is necessary to reduce the amount and frequency of consuming foods that have added sugar

  - **toothbrushing**: major dental conditions of caries and periodontal disease can both be reduced by regular toothbrushing with fluoride toothpaste

  - **fluoride**: increase fluoride availability through fluoride toothpaste; fluoride varnish; fluoride supplements or fluoride rinses

  - **dental attendance**: each person should have an oral examination in line with NICE recommendations

- **Fair Society, Healthy Lives (The Marmot Review 2010)**

  This review highlighted that inequalities in health arise because of inequalities in society and action needs to be addressed across the whole spectrum of society.

- **Equity and Excellence: Liberating the NHS (Department of Health 2010a)**

  The White Paper sets out the Government's vision for health services including a new commissioning structure. This will include the establishment of local Clinical Commissioning Groups and a National Commissioning Board by April 2012. The establishment of local Health & Wellbeing Boards by April 2013 will also provide the opportunity for system-wide leadership to improve both health outcomes and health and care services through commissioning of services. This approach will draw on the local Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy, together with the expertise of both elected representatives and HealthWatch.

- **Healthy Lives, Healthy People: our strategy for public health in England (Department of Health 2010b)**

  This Public Health White Paper sets out the proposals for public health in England which includes the move from the NHS to local authority responsibility and the establishment of Public Health England and proposes that 'the dental public health workforce will increase its focus on effective health promotion and prevention of oral disease.'

- **Healthy Lives, Healthy People: Transparency in Outcomes (Proposals for a Public health Outcomes Framework, consultation document) (Department of Health 2010c)**

  Included in this document there are two draft indicators which are relevant to oral health:

  - 'rate of dental caries in children aged five years (decayed, missing or filled teeth)'
  - 'patients with cancer diagnosed at Stage 1 and 2 as a proportion of cancers diagnosed'

  (See Appendix 1).

3.6 The **Health and Social Care Bill**, due to receive Royal Assent in April 2012, will make significant changes to the commissioning of services bringing into law new structures and processes for the NHS set within the **White Paper "Equity and Excellence: Liberating the NHS"** (Department of Health 2010d) with the aim of:

- putting patients and public first
- improving healthcare outcomes
- empowering professionals and providers, giving them more autonomy and making them more accountable for the results they achieve
- cutting bureaucracy and improving efficiency

3.7 The White Paper proposes structural change which will see the present tiers of Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs) cease to exist by April 2013. In their place, in relation to the arrangements for the commissioning of oral health services, it is proposed that:

- **Public Health England (PHE) will bring together the functions of a range of current bodies. This will include tracking the health of the public, developing policy advice, designing and monitoring screening programmes, investigating infectious disease outbreaks and improving the availability, capacity and effectiveness of drug treatment in England**
- PCT responsibilities for local health improvement will transfer to local authorities which will establish Health and Wellbeing Boards
- PCT responsibilities for the commissioning of all dental services will transfer to the NHS Commissioning Board as statutory duties
- GP consortia will become responsible for the commissioning of health services for their communities

3.8 The NHS Commissioning Board will undertake its responsibilities in relation to dentistry through a single operating model. **Some aspects of primary care commissioning will continue to be organised nationally but significant aspects will need to be carried out locally** to reflect the large number of local providers, as well as the need to ensure commissioning decisions reflect local needs and circumstances. An integral part of the local NHS commissioning board arrangements will be the development of dental local professional networks which will develop close working links with Clinical Commissioning Groups and Health and Wellbeing Boards. Local professional networks will also:

- inform needs, demand and supply in primary, community and secondary care
- provide local intelligence, clinical expertise, and innovation
- develop clinical pathways, peer support, peer review and local benchmarking

3.9 Ensuring that oral health needs are made explicit in the **Devon Joint Strategic Needs Assessment** and the Devon **Joint Health and Wellbeing Strategy** will be a priority to inform local commissioning processes.

4. Current Provision

4.1 Devon and Torbay Primary Care Trusts currently commission the following services (see Appendix 2):

- **General Dental Services**: a range of dental services normally delivered by independent dental contractors, dental partnerships or body corporates through local contract agreements with Primary Care Trusts. The NHS contracts require dentists to provide the full range of general dental services, ranging from diagnosis advice and treatment planning through to the delivery of those treatment plans, including preventive care and treatment, conservative and surgical treatment, the supply and repair of appliances, such as dentures, and the provision of access to urgent dental care.
- **Directly Provided Services** provided by salaried dental services are changing as those services transfer from PCTs to other NHS Trusts or social enterprise organisations. The services for the population of Devon are provided by Northern Devon Health Care Trust and separately contracted from Plymouth Community Health CiC and Torbay Care Trust. The services provided include special care dental services for patients with special needs, the provision of specialist services, eg extraction and restorative work under general anaesthesia, domiciliary dental services and urgent access for those people who do not have access to these services through their own dentist.
- **Specialist Services**: These are services which are not ordinarily provided by general dentists and are services which normally accept patients on referral. Specialist services in Devon and Torbay include

orthodontics, oral and maxillo-facial surgery, sedation, domiciliary and restorative dental services.

- **Hospital Based Services**: specialist services which are accessed by referral by general dentists and specialist practitioners. These services include oral and maxillo-facial surgery with access to general anaesthesia, orthodontics and restorative dentistry.

- **Peninsula Dental School**: the School opened its first 16-chair clinic in Exeter in September 2007. The Heavitree Dental Educational Facility is able to offer dental examinations, oral health advice, hygienist treatments and simple restorative care to patients and provides opportunities for local people to access care by dental students under the supervision of highly experienced registered dentists.

- **Out-of–Hours Care;** is provided by Devon Dental and this service provides access to advice on managing dental problems on weekday evenings and access to a dentist at weekends, where there is an identified need. Regular out of hours clinics are operated at Barnstaple, Exeter, Newton Abbot and Plymouth.

- **Oral Health Promotion**: each area of Devon (Devon, Plymouth and Torbay) has an Oral Health Co-ordinator in post who are assisted by a team of qualified oral health promotion staff. Their role is to develop the work plan and its implementation to deliver oral health improvement for the locally defined population. (See Appendix 3).

5. Oral Health Data

5.1 There is limited data available across Devon and Torbay. Oral health is difficult to measure as we rely on measuring levels of disease. Dental surveys are complex to complete, costly and often give limited information at small area level.

5.2 There is some data available often extrapolating the local position from national data. The main sources are:

- Child Dental Health Survey for five year olds, 2007 – 2008

- Child Dental Health Survey for 12 year olds, 2008 – 2009

- Adult Dental Health Survey, 2009

(See Appendix 4).

6. Public and User Involvement

6.1 The engagement of the public in the commissioning process is necessary to ensure that value and transparency is added to the process.

6.2 The Health and Social Care Bill (Department of Health 2011) reinforces the need to have strong engagement with the public and users of health services to ensure that their views influence commissioning processes.

6.3 Currently, this can be addressed by working closely with Local Involvement Networks (LINKs) and local Patient Advice and Liaison Service (PALS). It will be important in the future to identify how the HealthWatch processes can influence the commissioning of oral health services.

6.4 The increasing emphasis on prevention has brought about the development of health related social marketing to achieve specific behavioural goals relevant to improving health and reducing health inequalities. Within health it is most often used to support people to change their lifestyles (for example by making improvements to their diets, improving oral health, starting a programme of physical activity, giving up smoking or reducing alcohol consumption). It can also be used in other ways, such as changing the way people engage with services.

7. Aims and Recommendations

7.1 The aims of the strategy for improving oral health are to:

- **embed oral health within public health improvements to reduce inequalities**
- **improve patient information and access to dental services**
- **manage the provision and overseeing of dental services and dental professionals**
- **develop partnerships with relevant bodies, agencies and local communities**

For each of these aims a number of objectives are identified as follows:

7.2 **Embed oral health within public health improvements to reduce inequalities**

- optimise exposure to fluoride via toothpaste and other vehicles
- deliver targeted oral health programmes
- increase the number of lifestyle health improvement programmes that include oral health elements as core components informed by social marketing techniques

- increase the number of settings providing oral health advice (in line with the Delivering Better Oral Health Toolkit – Evidence Based toolkit)

7.3 **Improve patient information and access to dental services**

- improve information to the population on how to access NHS and private dental services, what is available and the associated costs including access to help towards health care costs (raise awareness of eligibility criteria)

- ensure the population who wish to attend a dentist have access to a dental practice ensuring continuity of care

- ensure that all patients who do not attend a dental practice have access to appropriate, unscheduled, out-of-hours urgent and emergency dental services

- provide strong links between clusters, Clinical Commissioning Groups, Health and Wellbeing boards, local authorities, university partners and patient support groups

7.4 **Manage the provision and overseeing of dental professionals and dental services**

- reform and improve NHS dental services through establishing new and efficient ways of remunerating dentists with a greater emphasis on health promotion and prevention

- maintain and develop appropriate clinical capacity in primary and secondary care to meet need and demand

- commission and provide the full range of modern primary care dental services appropriate to need and demand

- monitor NHS contracts to ensure they deliver high quality, safe, consistent and effective dental care for patients which represents good value for money

- monitor provision of advanced complex treatments, referrals to secondary care and potential gaps in services, and procure further services as required to meet need

- provide adequate management, clinical and support capacity to deliver the dental agenda and to ensure effective and appropriate services are being delivered

- facilitate access to training and Continuing Professional Development, particularly in relation to any changing oral health needs of the local population identified via local Joint Strategic Needs Assessment/Health and Wellbeing Board

7.5 **Developing partnerships with relevant bodies, agencies and local communities**

- ensure appropriate processes for public and user engagement to improve oral health commissioning processes
- agree the governance arrangements for the Oral Health Strategy
- develop and enhance a community-wide approach to oral health targeting the most vulnerable groups within disadvantaged communities
- use social marketing methods to promote oral health messages within a range of settings

Oral Health Recommendations for Action 2012 -13

(This one year action plan will be refreshed on an annual basis to reflect ongoing work or new actions identified through the joint strategic Needs Assessment (JSNA) or the Performance Monitoring and Reporting Framework)

Embed oral health within public health improvements to reduce inequalities				
Objective	**Action**	**Lead Partners**	**Impact Measures**	**Timescale**
Optimise exposure to fluoride via toothpaste and other vehicles	Deliver targeted fluoride varnish programmes to under five year olds, in areas of high need identified through Joint Strategic Needs Assessment	All dental professionals	Number of dental professionals trained Number of under five year old children receiving fluoride varnish programme	Annually
Deliver targeted oral health programmes	Identify and deliver oral health promotion programmes in communities of highest need	Oral Health Co-ordinators and oral health educators	Number and location of sessions delivered Number of participants involved (To establish baseline by 2013)	March 2013
Increase the number of lifestyle health improvement programmes that include oral health elements as core components informed by social marketing techniques	Identify the range of appropriate programmes and agree the nature of the oral health input and appropriate implementation mechanisms	Lifestyle Programme Co-ordinators and Oral Health Co-ordinators	Number of programmes with integrated inputs Number and location of programmes delivered (To establish baseline 2013)	March 2013
Increase the number of settings providing oral health advice (in line with the Delivering Better Oral Health Toolkit – Evidence Based toolkit)	Review the current usage of the toolkit Identify training needs and deliver appropriate training programmes	Oral Health Co-ordinators	Number of settings using the toolkit Number of training sessions delivered by location and participant roles	March 2013

Improve patient information and access to dental services				
Objective	**Action**	**Lead Partners**	**Impact Measures**	**Timescale**
Improve information to the population on how to access NHS and private dental services, what is available and the associated costs/eligibility for support with health care costs	Communications Plan	Communications team NHS Commissioning Board Patient support groups Oral Health Co-ordinators	Number of patients contacting dental helplines and accessing NHS Dental services	March 2013
Ensure the population who wish to attend a dentist have access to a dental practice ensuring continuity of care	Support the dental access programme including new dental contract pilots	NHS Commissioning Board Communications Team Local Professional Network Patient support groups	Number of patients unable to access a dentist – source National Patient Survey	March 2013
Ensure that all patients who do not attend a dental practice have access to appropriate, unscheduled, out-of-hours, urgent and emergency dental services	Monitor out-of-hours care Commission urgent dental services from primary care contractors	NHS Commissioning Board Communications Team Local Professional Network Patient support groups Dental providers	Number of patients accessing/unable to access urgent appointments	March 2013
Provide strong links between clusters, Clinical Commissioning Groups, Health and Wellbeing Boards, local authorities, university partners and patient support groups	Establish working links and clear lines of responsibility	NHS Commissioning Board Local authorities University partners Clinical Commissioning Groups Health and Wellbeing Boards Patient support groups Oral Health Co-ordinators	Development of Local Professional Network for Dentistry – active engagement and links with key partners	

Manage the provision and overseeing of dental professionals and dental services				
Objective	**Action**	**Lead Partners**	**Impact Measures**	**Timescale**
Reform and improve NHS dental services through establishing new and efficient ways of remunerating dentists with a greater emphasis on health promotion and prevention	Focus on a preventive model of care and use only evidence-based interventions Contract enhancement for vulnerable groups	NHS Commissioning Board Local Professional Network Dental Providers	Number of providers in new contract arrangements – when new national contract is introduced	Determined by national timetable for new dental contract
Maintain and develop appropriate clinical capacity in primary and secondary care to meet need and demand	Outline workforce plan Develop skill mix model in primary and secondary care	NHS Commissioning Board Local Professional Network Dental Providers	Gaps in service, vacancies, waiting lists for access to dental services	
Commission and provide the full range of modern primary care dental services appropriate to need and demand	Provide evidence-based care according to identified need Support service re-design Develop innovative service models	NHS Commissioning Board Local Professional Network Dental Providers	Services which meet need and demand, gap analysis, patients unable to access a dental service	
Monitor NHS contracts to ensure they deliver high quality, safe, consistent and effective dental care for patients which represents good value for money	Develop a local contract monitoring policy Develop a practice visitation programme in conjunction with other regulators	NHS Commissioning Board Local Professional Network CQC Dental Reference Service	Established and operating contract monitoring framework and practice visit programme	
Monitor provision of advanced complex treatments, referrals to secondary care and patient case mix complexity re: special care dental services	Audit of referral patterns to specialist services Agree referral criteria for all dental specialties Develop clinical care pathways Investigate referral management systems	NHS Commissioning Board Local Professional Network Dental providers	Completed audit of referrals Agreed referral guidelines in place to underpin clinical pathways	

Objective	Action	Lead Partners	Impact Measures	Timescale
Provision of adequate management, clinical and support capacity to deliver the dental agenda and to ensure effective and appropriate services are being delivered	Develop Local Professional Network	All stakeholders	Established Network in place	March 2013
Develop partnerships with relevant bodies, agencies and local communities				
Ensure appropriate mechanisms for public and user engagement to inform oral health commissioning processes	Identify current processes and propose new arrangements to align with the changes in NHS organisations and public and patient representation groups.	PALS Devon County Council (Local Involvement Networks and HealthWatch) Oral Health Co-ordinators	Agree arrangements for new contract specification	October 2012
Agree the governance arrangements for the Oral Health Strategy	Identify within the emerging Devon Health and Wellbeing Board infrastructures appropriate performance and reporting mechanisms and links to local oral health advisory groups	Directorate of Public Health Oral Health Co-ordinators	Agreed performance and reporting framework for the Oral Health Strategy	June 2012
Enhance a community-wide approach to oral health within the most disadvantaged communities	Identify, through the Joint Strategic Needs Assessment, the key target communities In collaboration, deliver a multi-component lifestyle programme across a range of community settings	Public Health Intelligence Team Oral Health Co-ordinators Voluntary and Community Sector Local Authorities Primary Care	Number of localities involved in programmes	October 2012

8. Governance and Resources

8.1 Accountability for the Oral Health Strategy is currently held by the Director of Public Health in each of the local authority areas.

8.2 It is anticipated, with the changes to NHS commissioning arrangements in 2012 and the establishment of full Health and Wellbeing Boards by April 2013, that the overview of any commissioning plans and performance against the priorities set out will be held by the relevant local authority Health and Wellbeing Board.

8.3 Commissioning plans will specify the amount of resources allocated to each activity and when new or revised service plans are required appropriate business cases will be produced.

9. Summary

9.1 This new Oral Health Strategy presents a robust set of evidence-based recommendations to inform local commissioning processes as they evolve in response the changes to the NHS.

9.2 All partners will need to recognise the contribution they can make to improving oral health and work through effective partnerships to ensure local people receive an efficient and co-ordinated service.

10. Acknowledgements

10.1 This strategy has been produced by the following task group:

Prof Gill Jones ***(Chair)***	Director of Community Based Dentistry	Peninsula Dental School
Roger Anderson	Dental Lead	Torbay Care Trust
Brian Bird	Representative	Local Involvement Network (LINk), Devon
Dr Colin Flanagan	Lead in Oral Health Promotion	Northern Devon Healthcare NHS Trust
Doug Haines	Public Health Epidemiologist	Torbay Care Trust
Andrew Harris	Dentistry Lead – Primary Care	NHS Devon
Fran Marriott	Oral Health Co-ordinator	Torbay (& Southern Devon) Care Trust
Julia Page	Head of Health Improvement (Northern)	NHS Devon
Sue Smith	General Manager – Salaried Dental Service	Northern Devon Healthcare NHS
Val Smith	Integrated Children's Services	Devon County Council
Gill Smithurst	Primary Care Support Manager	Torbay Care Trust
Ian Tearle	Head of Health Policy	NHS Devon
Dr Rob Witton	Specialist Registrar in Dental Public Health	Peninsula Dental School

11. References

Department of Health (2005) *Choosing Better Oral Health: an Oral Health Plan for England.* London: Department of Health

Department of Health (2008) *Darzi Report: High Quality Care for All – NHS Next Stage Review, Final Report*. London: Department of Health

Department of Health (2009) *Delivering Better Oral Health*. London: Department of Health

Department of Health (2010a) *Equity and Excellence: Liberating the NHS*. London: Department of Health

Department of Health (2010b) *Healthy Lives, Healthy People: our strategy for public health in England.* London: Department of Health

Department of Health (2010c) *Healthy Lives, Healthy People: Transparency in Outcomes (Proposals for a Public health Outcomes Framework, consultation document).* London: Department of Health

Department of Health (2011) *Health and Social Care Bill.* London: Department of Health

Marmot, M. (2010) *'Fair Society, Healthy Lives', the final report of the Strategic Review of Health Inequalities post 2010.* London: University College London

World Health Organisation (WHO) (2005) Strategies and approaches in oral disease prevention and health promotion. *Bulletin of the World Health Organisation* September 2005, 83 (9).

Websites

Joint Strategic Needs Assessment:

Devon – www.devonhealthandwellbeing.org.uk

Torbay – www.torbay.gov.uk

Plymouth – www.plymouth.gov.uk (Health, social care and wellbeing strategy)

Department of Health - www.dh.gov.uk

World Health Organisation – www.who.int

Strategic Review of Health Inequalities 2010, Marmot review – www.marmotreview.org

National Child Dental Health Surveys – www.nwph.net

National Adult Dental Health Survey 2009 – www.ic.nhs.uk

APPENDIX 1

Public Health Outcomes

1.1 The recently published document 'Improving outcomes and supporting transparency' (Department of Health 2012) provides the outcomes framework for achieving positive health outcomes for the population and reducing inequalities in health across the life course.

1.2 The outcomes framework has four domains:

- improving the wider determinants of health
- health improvement
- health protection
- healthcare public health and preventing premature mortality

1.3 The main indicator which is relevant to the Oral Health Strategy is tooth decay in children aged five:

'Rate of tooth decay in children aged five years (based on the mean number of teeth per child sampled which were either actively decayed or had been filled or extracted – dmft)'.

1.4 The rationale for this indicator is to encourage local areas to focus on and prioritise oral health and oral health improvement initiatives (which can be effective in preventing tooth decay).

1.5 The other indicator is cancer diagnosed at stage 1 or 2:

'Patients with cancer diagnosed at stage 1 and 2 as a proportion of cancers diagnosed'.

1.6 The rationale highlights that the stage of cancer diagnosis is an excellent proxy for changes in cancer survival rates – there is a direct link between stage at diagnosis and survival outcome. Catching cancer earlier makes it easier to treat and reduces the level and nature of long-term effects of treatment.

APPENDIX 2

Dental Service Provision

NHS dental services are delivered in primary care by independent contractors operating from a network of local dental practices; by salaried dentists directly employed by the NHS and by consultant-led teams working in hospital settings within secondary care.

Devon services

Provider	Number of providers	Number of locations	Services provided
Primary Care provider	136	103	General dental services plus specialist services including orthodontics, domiciliary, sedation, minor oral surgery, oral health promotion, dental out of hours
Salaried Service providers	3	12	Specialist dental services, dental services for patients with special needs, dental access centres for urgent care
Secondary Care providers (does not include access to out of area providers, eg Bristol, Taunton and London)	4	4	Specialist services including orthodontics, oral surgery and maxillo-facial surgery, restorative dentistry

Torbay services

Provider	Number of providers	Number of locations	Services provided
Primary Care provider	21	22	General dental services plus specialist services including orthodontics and domiciliary services
Salaried Service providers	1	3 (in Torbay)	Specialist dental services, dental services for patients with special needs. Is a hub for co-ordinating urgent care for people not regular patients of practices, providing the service and forwarding patent through the spokes of GDP practices contracted to provide that service. Not classified as a dental access centre.
Secondary Care providers (does not include access to out of area providers, eg, Bristol, Taunton and London)	1	1	Specialist services including orthodontics, oral and maxillo-facial surgery, restorative dentistry

APPENDIX 3

Oral Health Promotion

1.1 A range of oral health promotion activities are undertaken across both Devon and Torbay areas. These activities are co-ordinated through the Oral Health Co-ordinator who is a member of the commissioned Salaried Dental Services covering Torbay and Devon.

1.2 The evidence-based toolkit for prevention 'Delivering Better Oral Health' provides the guidance for these programmes of activity and enables work to span both General Dental Practice and Salaried Service providers at local level.

1.3 The programmes of activity are developed to support a life course approach with targeted programmes of intervention, particularly working with families and children and people and communities who are more vulnerable and have a greater level of need.

APPENDIX 4

Oral Health Data

1. **National Child Dental Health Survey (5 year olds) 2007/08**

   - 69.1% of five year old children who were free from obvious tooth decay
   - 30.9% had at least one decayed, missing or filled tooth
   - An average of 1.02 decayed, missing or filled teeth in Devon compared to 1.04 for the South West and 1.11 for England
   - In Devon those five year olds with decayed teeth have an average of three teeth affected compare to 3.45 nationally

2. **National Child Dental Health Survey (12 year olds) 2008/09**

   - 66.6% of children aged 12 were free from visible dental decay - in 1973 this figure was less than 10%
   - In Devon there is an average of 0.77 teeth which are decayed, missing or filled compared to 0.73 for the South West and 0.74 for England

3. **National Adult Dental Health Survey 2009**

   - 94% of the population of the South West have teeth, which is a 22% improvement from the 1998 survey
   - 31% had active decay with an average of three teeth needing treatment
   - 13% wore partial dentures, 6% had no teeth and wore full dentures
   - 61% with teeth attend for regular check ups
   - 76% attended in the last two years
   - 58% tried to make an NHS dental appointment in the last three years
   - 92% of those who tried had attended
   - 25-34 year olds had most difficulty arranging dental appointments
   - 19% delayed treatment because of cost
   - 13% paid over £100