

ABMUHB Oral Health Delivery Plan 2019/20

Overview	
Needs Assessment	<p>The drive to increase access to oral health services in ABMU from 2012 onwards was originally based on an Oral health needs assessment conducted in 2011 by Public Health Wales with Cardiff University which informed general dental services commissioning in 2012 and influenced that commissioned subsequently (including 2017) supplemented with data on GDS contract performance, source of demand for urgent care and County Borough Councils' Local Development Plans</p> <p>The objectives to transform services that are being pursued through this delivery plan have been influenced by several evidence bases which have been attached to the following policy initiatives, including:</p> <ul style="list-style-type: none"> • Public Health Wales 2016 analysis of oral health in children (aged 3,5 and 12) which influenced WHC(17)23 requiring refocus of Designed to Smile • WHC(15)1 Improving Oral Health in Care homes and 2016 Older Peoples' Commissioner's report on the care of the elderly including oral health. • WHC(16)5 on role of Community Dental Service
Top 5 Priorities for 2019/20	<p>Drawn from Welsh Government's 'The Oral and Dental Services response to A Healthier Wales' publication, these are:</p> <ol style="list-style-type: none"> 1. Improve the oral health of vulnerable groups, specifically children and the elderly and house-bound 2. Increase access to general dental services, improving equity across the Health Board 3. Reduce inappropriate variation in access and treatment, developing integrated pathways, ABMU and/or regionally 4. Improve access to restorative and special care dentistry, particularly for those who require treatment under a General Anaesthetic, reducing RTA and RTT 5. Maximise oral health service sustainability
Outcomes	<ol style="list-style-type: none"> 1. Less decayed, missing or filled teeth in children in particular (measured at ages 3 and 5); similar measures being developed for elderly as part of WHC(15)1 Improving Oral health in Care Homes; more people receiving timely dental care in their own homes, and to a common specification/standard; 2. Higher percentage of people who have been able to use the services of an NHS Dentist over a measured two year period leading to reduced level of dental intervention required – measureable through contract monitoring processes. 3. For 2019/20 in particular: roll out of paediatric GA pathway, to include urgent referrals into the service, with assumed reduction in percentage and number of children (3-17) receiving dental treatment under a General Anaesthetic; reduced waiting time for appropriate patients requiring orthodontic treatment through reduction in number of inappropriate referrals for orthodontic assessment and treatment; support consistency of referral

	<p>process with introduction of national e-referral (ABMU early adopter in 2019/20)</p> <ol style="list-style-type: none"> 4. Improved quality of care and patient dignity through reduction in waiting time for assessment and treatment for Special Care Dentistry patients requiring treatment under a General Anaesthetic from current level of 12 months nearer to standard acceptable for surgical patients. As above, for patients requiring restorative dentistry, reducing waiting times for follow up patients in particular who are waiting up to 4 years (variable dependent upon pathway) to have their dental function restored to a satisfactory condition. 5. Delivery of objectives under 4 with implementation of new Restorative and SCD clinical teams; other outcomes to be confirmed, informed by following work streams: review first year of GDP Fellowship scheme; development and deployment of GDS sustainability model.
Progress	<ul style="list-style-type: none"> • Improve the health of vulnerable groups: children and older/housebound people <p>Children:</p> <ul style="list-style-type: none"> • Epidemiology survey Data collated by Dental Public Health Wales for the Designed to Smile Programme [D2S] will be available for Five year olds within 2019/20. Demonstrable improvements are anticipated, particularly following the change of emphasis in D2S to focus more on younger children and with successful re-establishment of the programme in three schools in a high need area. • Fluoridisation rates for children in ABMU are now second highest in Wales following a campaign in 2018/19 • Lift the Lip has been rolled out across ABMU, with plans in place to now involve Midwives as well as Health Visitors <p>Older/housebound people:</p> <ul style="list-style-type: none"> • Roll out of Oral Health in Care Homes programme, training care home staff in assessment and delivery of oral health in care homes has continued. This work will now be reinvigorated with two additional colleagues who will target care homes in Cwmtawe cluster as part of the whole service transformation programme. integrated with the ongoing work to develop a new ABM-wide integrated [CDS/GDS] domiciliary service, and <p>Access to General Dental Services:</p> <ul style="list-style-type: none"> • End of 2018/19 national reports confirmed ABMU continues to maintain the highest level of access to GDS in Wales, with 3% increase in children, +0.5% in adults, partially as a consequence of the 2018/19 transfer of healthy children from CDS care in to GDS services and additional activity commissioned the previous year. • Uplifted Unit of Dental Activity [UDA] payment to 43 contractors in return for demonstrable quality improvements, including access. • 9 ABMU practices (10%) of practices now engaged in national GDS reform programme, practices engaged in established ABM contract reform programme following implementation of second wave in October 2018: • Continued monitoring access to GDS services from the additional award of UDAs in 2017/18 (15,302 UDAs awarded to GDS contracts across ABM at a cost of £367,248)

- Reviewed and maintained heightened level of service input to HMP Swansea for Quarter 2, this to include facility for OOH urgent care when necessary.
- Supported contractors' response to launch of WG's Innovation Fund (launched September 2018), ensuring practice submissions supported achievement of contract reform programme objectives. 5 successful bids were awarded.

Reducing inappropriate variation in patient experience or treatment, developing integrated pathways within ABM/regionally

- The former paediatric dental pathway for 'treatment under a General Anaesthetic/sedation' with ABMU's intermediate care provider has been revised significantly; introducing a CDS paediatric specialist led Referral Management Centre piloted with 3-7 year olds in June then extended to all children <17 years in September. Data on the numbers and percentage of patients diverted to alternative pathways has created sufficient confidence to date to reduce the GA contract by 20% in cost terms (funding the alternative pathways); under continual review – GA provider only signed revised SLA on 9 January.
- The pilot has seen >50% reduction in the number of routine cases requiring GA for treatment and ceased the provision of repeat GAs in children.
- The variation in referral assessment and treatment for orthodontic conditions was exposed during the 2017 commissioning exercise for the 7 current providers and has been identified as a priority for review from 2018/9 onwards.
- As an early adopter Health Board for e-referral, ABMU team has worked with colleagues in NWIS and Hywel Dda to develop directories of service for oral health services to assist mapping referral pathways.

Improve access to special care and restorative dentistry, particularly for those SC patients who require treatment under a General Anaesthetic

- SCD: Planned work to reduce the RTT for this vulnerable group faltered in 2018 following the loss of key clinical personnel (Restorative and Special Care Dentistry) and lack of available theatre capacity to provide a second list at Princess of Wales hospital. The need to tackle this issue has now been brought into the scope of the Parkway Task and Finish Group whilst the PCSDU team – with clinical capacity anticipated to increase by 2019/20 (e.g. recent appointment of a Consultant in Special Care Dentistry) continue to work with colleagues to maximise the utilisation of available lists.
- RD: RTA performance was largely maintained in 2018/19 but did not improve as a consequence of the continued increase in referrals from GDS coupled with the departure of key senior clinicians. A new consultant has been recruited (starts March 2019) who will, following the replacement of other senior staff, be able to support the implementation of a newly designed intermediate model of care and clarified acceptance criteria.

Maximise Oral Health Service Sustainability:

2018/19 has seen a significant focus on this area as a consequence of necessity and future-proofing, e.g. with design and implementation

	<p>of GDP Fellowship programme (commenced October 2018) major recruitment programmes (ongoing) to backfill and recruit new clinical and managerial/leadership roles to reflect changing priorities, agreement with LDC to formally review GDP sustainability in practice New GDS visiting programme designed and implemented, work continues to develop this programme further.</p>
Performance and Audits	<p>The activity and performance of the Health Board's dental services is monitored through a range of indicators, including:</p> <p>General Dental Services [i.e. primary care]</p> <ul style="list-style-type: none"> • Contract monitoring system facilitates retrospective monitoring of activity against specific activity and performance criteria; reported on internally quarterly and end of year through NHSBSA reports • HIW inspections of >one third of practices [target] per year • Dental Quality Assessment Survey [self assessed but reviewed by Health Board's Dental Practice Advisor] and Contract award process seeks evidence of audit activity and outcomes • GDS reform programme profile data collated via ACORN toolkit <p>Community Dental Service, including Designed to Smile</p> <ul style="list-style-type: none"> • Activity reports submitted nationally annually for former, quarterly for latter • CDS committed to undertaking audits x 2 in last quarter of 2018; 3 per year thereafter <p>Restorative dentistry:</p> <ul style="list-style-type: none"> • RTA – target met for 2017/18 as indicated above • Head and Neck Peer Review audit – reviewed favourably with recommendations (accepted) that consultant capacity be enhanced • Relevant issues from above (e.g. waiting times) reported through Health Board's Quality and Safety processes, notably P&CS Delivery Unit's Oral Health Quality and Safety group • GDS governance processes, outcomes and performance reviewed via Primary Care Dental Governance Group reporting directly to into above mentioned group. • Similarly, access and financial performance are reported through Unit's performance review processes with the Health Board (including bi-monthly report on access to GDS to Health Board)
Workforce/Financial	<p>ABMU's Oral Health Service and Financial Framework assumes significantly increased expenditure in three, one-year steps above 2016/7 levels expended on oral health against the key objectives set out above and others to deliver them, aiming to maximise expenditure of the GDS ring-fenced allowance by the end of year 3.</p> <p>The workforce required to deliver the key priorities set out above has been and will continue to be set out in the annual proposals submitted to and approved within ABMU and Welsh Government.</p> <p>2019/20 will see the significant investments originally planned for 2017/18 on domiciliary dental services and the new dental practice in Port Talbot (the latter delayed) as a consequence of local planning constraints applied) as well as the following:</p>

	<ul style="list-style-type: none"> • Full year effects of 2017/18 investment in: <ul style="list-style-type: none"> ○ Increased GDS access in high need areas (including new practice) ○ New dental service in HMP Swansea ○ Paediatric GA pathway • Clinical and management capacity to deliver the above will be enhanced with additional investment in restorative dentistry, community dentistry, dental nursing and health care support workers with associated equipment, maintenance contracts and essential training
Condition Specific Cross Cutting/Collaboration	<p>Each of the objectives summarised above requires considerable cross-cutting collaboration between the general, community and hospital dental services which, with the exception of orthodontics, have been the responsibility of a single-ABM-wide delivery unit from April 2017 – the Primary and Community Services Delivery Unit. 2019/20 will see the re-establishment of an ABM-wide oral health services forum to provide strategic oversight for a range of initiatives set out below which will support the growth of services in the community. Key examples are:</p> <ul style="list-style-type: none"> • The current and planned involvement of the Health Board's Public Health Nursing, Health visiting and Midwifery services in the development and delivery of oral health improvement programme for children, e.g. in progressing the joint Health Smiles/Lift the Lip campaign for babies and young children • Work with HMP Swansea and the Asylum Seekers/Refugee access unit to introduce and develop further appropriate services for these vulnerable groups • Cross-specialty and Health Board work to support the implementation of the national e-referral programme, ABMU having early adoptor status along with Hywel Dda Health Board • the work to develop and maintain the operating and pre-operative processes for Special Care/restorative dentistry and paediatric patients requiring treatment under a General Anaesthetic. This involves more than 5 departments within three Delivery Units on a site (Princess of Wales) with key staff that will be the responsibility of Cwm Taf Health Board from April 2019.
Condition Specific System Shift	<p>Achieving progress in many of the areas prioritised above should result in a shift in the model and location of service provision from hospital to primary/community care. Specifically, it is intended to:</p> <ul style="list-style-type: none"> • Reduce the number and percentage of inappropriate attendances at the general emergency services for oral health related conditions (see Unscheduled Care Plan) • Reduce the proportion and number of children requiring intrusive dental treatment and, in particular, treatment under a GA • remodel the Restorative dentistry workforce and pathways to create an intermediate care model, supporting upskilling of primary care to improve management of increasing levels of GDS demand • primary care supported pathways for oral medicine and, generally, shift the location of service provision closer to patients

Template 2 – Action Plan 2019/20

Priority Area	Outcome or Target (end 2019/20)	Action	Milestones				Lead Person
			Q1	Q2	Q3	Q4	
1. Improve access to oral health care for vulnerable groups/	To ensure new domiciliary pathway and capacity is developed & implemented to ensure timely/efficient access to dental care for those who are housebound across ABM;	Act on completed review of domiciliary assessment and treatment services to complete and implement new integrated GDS/CDS pathway	Develop full specification and identify required resources Establish working group to agree actions and prepare for implementation of new service model	Recruit/identify dental team to deliver new service spec Identify/procure resources required to deliver service	Implement new model	Monitor and evaluate success	Primary Care Manager
	All four care homes in Cwmtawe will have oral health education and prevention programme embedded	Appoint oral health therapist and dental nurse to lead delivery of oral health education and prevention programme in Cwmtawe Care homes	Oral Health therapist and dental nurse in post	Links established with the care homes; Programme plan developed	Delivery of planned programme	Completion, monitoring and review of programme	Senior Service Manager and Patient Pathway Improvement Manager, CDS
	To devise a formal pathway for access to oral health care for Syrian Refugees	Provide a pathway for Syrian refugees to access urgent and routine services via GDS and CDS as appropriate	Finalise service specification and seek Expressions of Interest in delivery	Implement SLAs with agreed providers	Deliver new model	Completion, monitoring and review of programme	Primary Care Manager
2. Increase Access to General Dental Services, improving equity	Increased access to general dental services for new patients in Port Talbot area within 2020	Support GDS practitioners in opening new practice in Port Talbot in April 2019	Ensure Dental Practice Advisor inspection undertaken; GDS reform contract SLA to be signed	New practice opens	Monitor contract performance and activity	Review activity, patient numbers and SLA	Primary Care Manager
	20% of ABMU dental practices engaged with contract reform programme	Extend phase 1 (further reduced UDA target) and recruit additional practices to Contract reform programme	Develop and agree SLAs with practices joining the programme from April; possible roll out of phase 2 [TBC]	Engage with all CR practices; monitoring of ACORN and contract monitoring information; plan October recruitment of next phase	Implement agreed recruitment programme for latest phase; monitor innovation	Monitor outcomes and success of programme	Primary Care Manager
3. Reduce variation in access and treatment pathways	Implement the urgent GA pathway into the existing	Build capacity/resource into existing pathway	Roll out pathway to accommodate urgent referrals.	Review data and functionality of pathway/ capacity	Amend/review commissioning arrangements with PW accordingly	Continue with the established model and develop other services as required.	Head of Primary Care

	paediatric GA pathway.	to accommodate urgent referral		required for remainder of year	mapped against demand	Discussions on alternative GA services.	
	Reduced waiting times for orthodontic treatment which may be unnecessary or inappropriate	Establish specialist paediatric and orthodontic consultant clinic within primary care setting (PTRC) to deliver joint ortho assessment for patients referred via SPA	Identify resource for the draft pathway	Procure resources that have been identified i.e. staffing/clinic time	Amend/review commissioning arrangements with PW accordingly mapped against demand	Continue with the established model and develop other services as required. Discussions on alternative GA services.	Primary Care Manager
4. Reduce waiting times for assessment and treatment for Special Care and Restorative Dentistry	Reduction in referral to treatment (as well as assessment) times for Special Care Dentistry patients who require treatment under a General Anaesthetic	Work with colleagues in PoW and, if/when appropriate, Cwm Taf and Hywel Dda to review and enhance current PoW Eye Theatre-based service to enhance capacity which will reduce RTT from current 12 months	Confirm appropriate demand and required capacity with PoW based colleagues and partners in Cwm Taf and Hywel Dda; Develop service development plan	TBC from work in quarter 1, working with Cwm Taf and Hywel Dda colleagues as appropriate	To be determined See previous quarter	See previous quarter	Head of Primary Care
	Significantly reduced referral to treatment times for prosthodontic Restorative Dentistry through introduction of intermediate model of care	Enhance capacity, with additional consultant sessions supporting provision of service by GDS practitioners as part of contract reform programme	Commission additional consultant sessions; engage with general dental contractors who wish to participate in 2 nd phase of contract reform	Implement new intermediate care model	Evaluate and monitor progress, tracking reduction in waiting times	As previous quarter	Head of Primary Care
	Significantly reduced referral to treatment times for endodontic restorative Dentistry	Design, enhance and implement integrated dental services staffing model [RD/CDS /DTU] at PTRC, ensuring Dentist with Enhanced Skills [in Endo] has support to double his clinics	Primary and Community Services Unit approval of proposed model with associated costs	(latest); commission 2 nd Endodontic session by DES	Evaluate and monitor progress, tracking reduction in waiting times	As previous quarter	Head of Primary Care
5. Maximise oral health service sustainability	To ensure a sustainability model is developed and implemented for use within GDS practice in 2019/20	New model to be utilised in cases where practices report sustainability concerns.	Develop GDS model utilising GMS model as a guide.	Establish/cost resources required to implement model	Pilot model	Review and ascertain functionality of model for use	Primary Care Manager

	To develop a joint oral medicine pathway with OMFS for treatment of appropriate patients within an primary care- intermediate setting	To work with HDS colleagues and appropriate primary care providers to develop new pathway	Collation of necessary data to identify patient numbers/identify governance process/referral pathway/collection of data/expected outcomes	Development service specification for service/SLAs 'tender'	Implement service	review	
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