Department of Health and Social Care

Dental Strategy

Isle of Man Government

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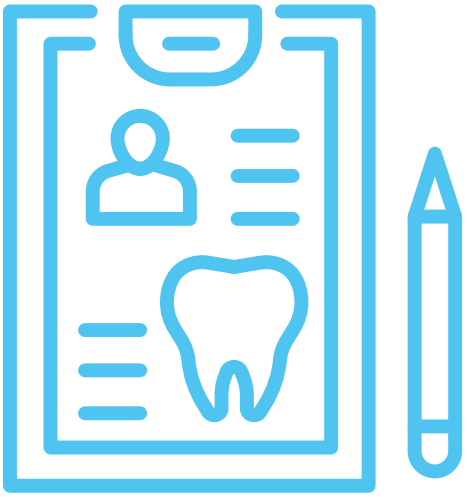
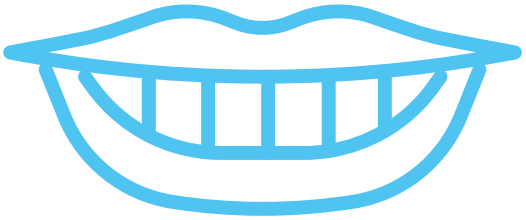
Department of Health and Social Care

Dental Strategy 2020-2025





Acknowledgement

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Foreword by the Minister for the Department of Health and Social Care

I am delighted to be able to present the Dental Strategy 2020-2025. There has been an enormous amount of work put into the development of this Strategy and I would like to start by taking the opportunity to thank all of those who have played their part in developing a strategy that will allow us to modernise and advance the dental offering on our island.

The current system of dental provision within our Island is in need of reform. Since the founding of the NHS 71 years ago in 1948, dental treatments, as in many areas within medical services, have and continue to move on and there needs to be clarity in terms of which services are provided by the National Health Service and which are not.

The formation of this Strategy gives us an opportunity to refocus services to concentrate on access to dental services, to encourage a shift towards preventative treatment, especially with children, and to ensure the provision of dental services for vulnerable groups of people.

This will mean the services provided will be focused on both prevention and self-care. Those who are most vulnerable in our society will be assured of access to the right services at the right time, in the right place by the right health care professional.

Hon David Ashford MHK
Minister Health and Social Care

Introduction

This document sets out the key priorities for the future delivery of dental services in the Isle of Man from 2020 to 2025. It offers direction to improve the population's oral health and dental services provision to allow current services to be built upon for the benefit of the Isle of Man population. The Strategy outlines the model of delivery to be implemented across the life of the Strategy.

There are a complex set of challenges in oral health inequalities, such as disease experience and access to services across all age groups. Common diseases of the mouth are almost entirely preventable, the causes understood and current evidence advocates that prevention works. Progress is being made in improving the oral health of young children through the Supervised Tooth Brushing Scheme introduced in the Isle of Man in September 2018. More information regarding children's oral health and progress on the supervised tooth brushing scheme can be found here.

We accept the fact that dental services need to be more responsive, equitable and effective with a focus on preventive work. Adhering to the principles of prudent healthcare means the Department supporting service users to gain greater understanding of the dental disease process, than those currently on offer. We aim to equip the population with better self-care skills and knowledge to aid their own management of dental health.

Improving oral health for all, and eradicating preventable decay in young children remains the global goal, whilst recognising there is still a treatment burden to be managed, which impacts on service users and clinical teams, who will address this by delivering a quality driven, responsive dental care service to all.

Current position with NHS dental contracts

NHS Dental providers are responsible for providing services via a General Dental Services (GDS) contract. The GDS contract was introduced in 2006 and makes payment to providers as 'Units of Dental Activity' (UDA).

NHS treatments are broken down into 4 bandings; these are set out in the Dental Charges Regulations 2005 here.

Individual UDA values were agreed as contracts commenced. This has resulted in a range of UDA values in the Isle of Man from £24.21 to £31.57 regardless of providers being expected to work to the same terms of contract and delivery of services.

The introduction of this Strategy will ensure we move forward to achieving modern and innovative practices. Whilst the UDA system may still be used as a payment method, it may not be the totality of the dental service payment mechanism.

Context and Purpose

This Strategy sets the direction for dental services for the next 5 years in line with the Department of Health and Social Care's (DHSC) vision in that:

- The health service will become a true 'health' service and not just an illness service, by shifting emphasis from cure to prevention, screening and earlier intervention;
- Health services will be planned and designed around the health needs of the population;
- Safeguarding children and vulnerable groups of all ages will be paramount to ensure they receive appropriate care; and
- The balance of care will move from hospital to community-based services.

The DHSC Strategy acknowledges new ways of working are required to meet the challenges of the next five years. Improving oral health and effective preventative dental services contributes to that policy. This also links into NICE Guidance which sets out 4 statements in relation to oral health for England to follow. Despite the fact that dentistry is centralised within NHS provision on the Island, and not operated by local authorities, the following statements are as applicable in the Isle of Man as they are in England:

Statement 1 Local authorities carry out oral health needs assessments to identify groups at high risk of poor oral health as part of joint strategic needs assessments.

Statement 2 Local authorities provide oral health improvement programmes in early years services and schools in areas where children and young people are at high risk of poor oral health.

Statement 3 Health and social care services include oral health in care plans of people who are receiving health or social care support and at high risk of poor oral health.

Statement 4 Dental practices providing emergency care to people who do not have a regular dentist give information about the benefits of attending for routine care and how a local dentist can be found.

Dentists have unique access to the 'apparently well' population in the Isle of Man. Dental teams are in contact with large numbers of the public every day and at key points during their lifetime. There is an opportunity for dentists to partake in the delivery of wider Department policy, for example, taking part in the MECC Scheme (Making Every Contact Count www.makingeverycontactcount.co.uk).

This Strategy is about developing a responsive dental system aimed at preventative interventions by both the individuals themselves and Departmental services. This will be supported by the introduction of a tiered model of delivery, fully integrated with other Departmental services. (See below)

This model gives scope to develop new ways of working within dentistry where dentists are able to contribute more actively and effectively to better meet our population need and maximise outcomes for service users. Taking part in contract reform projects and strengthening a preventive approach within their own general dental practice teams will support the development of clinical leadership skills within the professional community; by delivering services through a re-modelled tiered provision the workforce can build relationships with wider primary care practitioners, equipping dentists to actively become members of the Integrated Care system.

The DHSC is committed to a move towards a Tiered Integrated Care model (overleaf) with more services being provided from community settings, where individual users can easily access the help and support needed to improve self-care, right through to the provision of more intensive dental treatments needed in order for everyone to have good oral health.

NHS Dental Service Tiered Model of Provision

	Who is responsible for care?	What is the focus?	What do they do?
Tier 5	Consultant specialists, Multi Disciplinary Teams, Outpatient/In-Patient Care	Tertiary Care Services	Orthognathics - Oral & Jaw Surgery procedures, Maxillo-Facial, complex restorations, head and neck cancers
Tier 4	Consultant specialists, Multi Disciplinary Teams, In-Patient and Out-Patient Care	In-Patient Services (Secondary Care) & Consultant Outpatient Services	Oral Surgerey Procedures, Complex Orthodontics (IOTN 5), Oral Surgery procedures, Maxillo-Facial, complex restorations
Tier 3	Specialist Orthodontists, Endodontists, Periodontists, Special Care Dental Service	Specialised Dental Service	Dentoalveolar e.g. Root Canal Therapy/ Treatment, Complex Periodontal, Community Dental Service (Special Care & Paediatric), Orthodontics (IOTN 4-5)
Tier 2	General Dental Practioners	Enhanced Dental Services	Treatment and Provision of Appliances as identified within Schedules 2 and 3 of the NHS Dental Charges Regulations 2015
Tier 1	Universal Health Services including General Dental Practitioners, Therapists, hygienists & Dental Nurses	General Dental Services Promotion of Oral Health, wellbeing and self-care	Provision of support, education, information and instruction in the prevention of dental and oral disease; including dietary advice, Smile of Mann, school nursing and Health Visiting Teams. Diagnosis, Treatment Planning, Maintenance & Urgent Dental Care (Emergency) as identified within Schedules 1 and 4 of the NHS Dental Charges Regulations 2015

Summary of Priorities for the next five years

This Strategy outlines the future model of care delivery. Our priorities and intentions for the short to medium term, with three key areas for action are set out here:

Priority 1: Creating structured, targeted, agreed and measurable dental provision which would be carried out within a community care setting including enhancement of health promotion and early intervention.

Priority 2: Contract Reform and expanding new ways of working within community care general dental services.

Priority 3: Reviewing, where necessary, the development of dental pathways to enable appropriate provision within each tier of service delivery, along with ensuring excellent governance structures are in place.

Each of these priorities will be underpinned by a mapping process and implementation plan. The priorities are set out in more detail below:

Priority 1: Creating structured, targeted, agreed and measurable dental provision which would be carried out within a community care setting including enhancement of health promotion and early intervention.

This includes:

a) Undertaking an Island-wide needs assessment which will provide the Department with the nec essary information to guide and inform service requirements, ensuring access to dental services is available for all who wish to receive them.

b) Continuation and expansion of the DHSC supervised tooth brushing scheme 'Smile of Mann' and the 'Healthy Child Programme', the link to which is here.

DHSC is committed for the next five years to:

- Progressing 'Smile of Mann', and to actively monitor progress and improvements in the oral health of the under 5's, expanding the scheme to primary school children in school years Reception to Year One. It is the intention of the Department to ensure Smile of Mann be comes a mandatory requirement for nurseries to participate in, which will be regulated via the Registration and Inspection Unit.
- Continuing to participate in the bi-annual epidemiological survey of oral health for 5 year olds.
- Continuing the Healthy Child Programme which supports parents on a range of health matters from the birth of their child up to age five. This support includes the provision of toothbrushes and toothpaste as well as oral health advice.

c) Increase the provision of fluoride varnish for children.

From the age of 3, children should be offered fluoride varnish application at least twice a year. Younger children may also be offered this treatment if a dentist thinks they need it. Approximately 33% of NHS

dental claims for children up to the age of 16 years include the provision of fluoride varnish treatment. As part of this Strategy, the DHSC will make the introduction and further development of this important initiative part of the key performance indicators within the contracting arrangements.

d) Increase the provision of Fissure Sealants to children over the age of 6 years.

NHS England recommends the provision of fissure sealants on children's back teeth once they have started to come through (usually at the age of 6 to 7 years) to protect them against decay. The sealant can last for as long as 5 to 10 years. It is the intention of the DHSC to include this into any new contracting arrangements.

e) The introduction of an Oral Health Assessment.

An Oral Health Assessment (OHA), which will include a comprehensive clinical examination, a discussion about lifestyle choices (e.g. diet, alcohol consumption, smoking etc) and the use of simple motivational techniques to encourage change (e.g. 'Making Every Contact Count') will be introduced for adults. Again, this will be included in any new contracting arrangements.

f) Rationalising dental interventions (recall periods) according to individual service user need.

Service users will be seen according to their OHA results, meaning that those with good oral health will naturally have longer recall periods for when they will have to see their dentist again.

There will be a focus on the use of Quality Assurance processes for the above. These will support a drive to educate service users to increase their knowledge regarding dental self-care along with an understanding of when they need to be seen by a dentist. Measures for this will also be included in new contracting arrangements.

Key steps in implementation of Priority 1

1. Primary Care contracts and the Community Dental Service specification will reflect the priorities set out in both the Children's Oral Health Needs Assessment (Public Health) and the Dental Strategy.

2. The Community Services informatics team will create and collate outcome measures and share evidence across all service providers.

3. Engaging other appropriate health care professions and parents as part of the 'Healthy Child Programme' which is delivered by Health Visitors and School Nurses.

4. Capture the requirements for dental services for the vulnerable (including people with learning disabilities and mental health issues) and establish any specialist services that may be required.

Priority 2: Contract Reform and expanding new ways of working within community care general dental services

It is key that our Strategy focuses on prevention. The tiered model of delivery will provide this focus by the introduction of key outcome measures supporting the move from treatment to prevention.

There are 12 dental practices providing NHS dental services for the population of the Isle of Man; this includes the Community Dental Service (CDS). Approximately 51% of the population have accessed NHS dental services (including both GDS and CDS) based on figures from April 17-Mar 19. Dental Services are the only NHS Services that are accessed entirely opportunistically with no priority afforded to those service users in the most need, or those who are the most vulnerable in our society. We will address this through the introduction of the tiered model of care for all, underpinned by the ensuing contractual arrangements.

The Isle of Man has a unique opportunity to develop dental contracting arrangements that meet the needs of the population which should be underpinned by robust outcome measures and a better payment mechanism.

In developing this contract we will:

- engage with clinical dental teams;
- actively involve service users;
- make more effective use of current resources; and
- facilitate a preventative approach to care in all dental practices

This work will be underpinned through:

- improved IT connectivity
- improved referral pathways to both hospital and specialist care services
- establishment of a clinical network to develop skills and clinical leadership

Our approach to service reform

We will explore options to develop, test and refine services against the tiered model approach which will:

- promote positive change and continuous improvement;
- offer new ways of working to practices in a safe controlled and measured approach;
- be evidence based
- develop care pathways to support high quality services and managed clinical networks (Peer Review)
- allow evaluation of impact;
- allow development of need and outcome measures; and
- support risk identification and management

A tiered model for dental care

The care which can be provided by dental professionals has broadened, even since the introduction of the 2006 contract. There are many specialist services, including for example endodontics, periodontics and orthodontics. There is a level of competency, up to which a general dental practitioner can carry out certain treatments and a stage at which some treatment require specialist intervention. For example, root canal treatment, whereby a simple root canal treatment could be undertaken by a regular dental practitioner however a more complex treatment would need the intervention of a specialist practitioner with specialist equipment. There is a need to clearly set out the treatment which can be expected and should be provided

by general dental practitioners and it is proposed that this can be achieved by using a tiered model of care. An initial proposal for tiered dental care is set out below; however this requires further collaboration with the dental profession to achieve a good working tiered care model:

Key Steps for Priority 2

1. the delivery of responsive contracting arrangements
2. engagement of service users to assess how changes have been received
3. robust outcome measures that would demonstrate a focus on key performance indicators.

Priority 3: Reviewing and, where necessary, the development of dental pathways to enable appropriate provision within each tier of service delivery, along with ensuring excellent governance structures are in place.

The DHSC Integrated Care Strategy focuses on the need to provide service delivery at the right time, in the right place and where appropriate, in a community setting. With the tiered model of care, secondary and tertiary care services sit in tiers 4 and 5 and all services from tier 3 and below are provided in the community and preferably using a locality geographical model.

Throughout the implementation of this Strategy, assessment will be made with regard to future provision at each tier of the model and this will be linked to the Integrated Care Strategy which will offer locality based service across the Island.

Key Steps for Priority 3

1. Reviewing all services which are currently carried out within hospital services (both on and off the Island), establishing which services are appropriate to continue in that setting and which could more appropriately move to a community setting.
2. By Year 3, to have identified appropriate service provision for each area's delivery.

Principles underpinning the Dental Strategy

- Increased access for service users which is responsive to need; ensuring provision for service users to be seen by the right clinician, at the right time, in the right place
- Ensuring that each child between the age of 3 and 16 who regularly attends an NHS dentist is provided with fluoride varnish treatment at least twice a year Delivery of agreed care pathways that describe in detail what treatment and preventive activity is expected to be delivered in the relevant tiers of the NHS dental service model of provision
- Ensuring that children aged 3 to 16 years, where appropriate, receiving NHS dental treatment, have had fissure sealants applied to their permanent molar teeth during the visit following the eruption of these teeth
- Monitoring the numbers of service users accessing NHS dental services across the tiers and ensuring the appropriate staffing levels are in place to meet demand.
- Promote prevention, stability and self-care to improve outcomes, particularly in service users with higher needs or who have active disease. In particular to see a reduction in the number of children on the Island having extractions
- Decrease in treatments of limited clinical value (in line with clinical recommendations)
- The design and delivery of a core data set for the provision of dental services

Benefits

Dental Service redesign will be focused on delivering services in order for the DHSC to have assurance that people who most need active and complex treatment get it, and that outcome and activity measures continue to be benchmarked. Outcomes of this Strategy will include:

- Improved access
- Flexibility for the dental team to be able to better meet the needs of their population
- A tiered model of care to make it clear what services are available and also which services are not available, along with identifying the health care professional who is best placed to provide those services
- Enhanced clinical dental practice and preventive focus to improve clinical effectiveness, service user outcomes and use of whole team in prevention
- Use of integrated care pathways to improve quality of care which is fit for purpose and meets the needs of the population with an overall improvement of oral health status, improved access and sustainability
- Informed service users with improved self-care and appropriate check-up intervals

Development and Implementation

Implementation will be subject to full programme office planning with the broad timescale as set out in the phases below. The first step will be to develop a project plan and monitoring document in conjunction with a professional clinical network. Dental Services will continue as normal for service users whilst this Strategy is being implemented.

Phase 1: First 12 months

- Engagement events with Dental Practitioners, Public Health and service user representatives
- Establishing the requirements for the Community Dental Service, developing a service specification and identify any required change to processes to meet with service specification
- The development of contracting arrangements for GDS
- Design the outcome based quality framework which will measure the output of services provided

Phase 2: First two years

- Ensure the provision of emergency dental services, both in and out of hours, is secured
- to develop an annual dental health assessment which will be included in the GDS provision
- Developing care pathways in relation to the tiers, identifying the service user's journey in primary care through to secondary and tertiary care

Phase 3: Years 2 to 5

- Streamlining services
- Review of hospital services (including on and off Island) to ensure the streamlining of services as per the pathways designed in phase 1. This will ensure that service users are being seen by the most appropriate clinician and will reduce waiting times for specialities

There will need to be an element of flexibility through each of these phases and an assurance that there will be regular reviews of contracting arrangements and service provision, keeping service user pathways relevant and up to date.

Dental Strategy 2020-2025