Valuing our oral health –
An Oral Health Strategy for the Isle of Man

A five year plan

July 2011
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Foreword

I am delighted to write the foreword to this, the Isle of Man’s Oral Health Strategy. This document lays out our plans to deliver oral health to the people of the Island over the next five years to 2016. Oral health is linked to general health and therefore it is the responsibility of everyone in health care to consider oral health and the ways by which it can be improved.

The Isle of Man continues to have worse decay levels than we should expect given our high standard of health care. This fact is made even more troublesome when we consider that, in the majority of cases, dental decay is entirely preventable. As health care policy rightly focuses on prevention I am delighted that the dental services will be following this lead and ensuring that the evidence based preventive practices will begin as early in life as possible. It is therefore a strategic imperative that these preventive therapies and advice are provided, not only to these young children, but to all residents for whom they can benefit, as soon as possible particularly as we will not have water fluoridation in the foreseeable future. However, there are things that we can do to make a substantial difference and these have been outlined within the strategy.

You can find some key preventive messages on page 31 of this document - please take the time to read them and try to consider these whenever you have contact with a patient, student, family member or friend!

The aims of this strategy are ambitious but by working corporately with our partners in health and education across the Island, I believe that we can make a real and sustainable difference to the oral health of all our residents.

Hon. David Anderson MHK
Minister for Health
1 Introduction

This proposed Oral Health Strategy will be the Island’s second. The first followed a review of the dental services provided to the Island’s population and resulted in significant changes to our dental services.

Despite that, the oral health of our population is still poorer than it should be. We therefore need to implement further changes to incorporate a more preventive approach to our work. These changes will have to be adopted not only by the whole dental team, but also by patients, parents and carers as self-care plays an extremely important part in improving oral health.

This strategy is therefore the next step in improving oral health on the Island. With changes to our services complete, we can now concentrate on delivering preventive care based on the evidence of what works.

Please share this strategy with your colleagues, staff, family and others as they all have a role in improving the oral health of both children and adults which will greatly help us in achieving the aims of this strategy.
2 Background

The Oral Health Strategy (OHS) provides the strategic direction for oral health services on the Island for the next five years. It is designed to inform all of those involved in the delivery of dental services about the direction and strategic priorities of the Government. Crucially the document is also designed to encourage partnership between agencies and health care professionals to ensure that oral health is considered, when appropriate, during other health care interventions. This is especially important for children whom the document rightly focuses on in order to decrease the burden of dental disease across the whole population.

Context

The OHS has been written against a backdrop of high levels of caries (decay) within the population and a need to ensure equitable access to dentistry for all residents. The OHS has the following aims:

- Reduce the prevalence of dental decay, especially in young children
- Reduce inequalities in dental decay prevalence and uptake of services
- Ensure access to urgent, out of hours and elective care is available to all
- Provide evidence informed care according to identified need
- Promote choice by service users by ongoing consultation and engagement
- Commissioning and provision of modern, primary dental care services
- Ensure that key preventive messages and actions are delivered.

The Island currently has some of the worst caries levels when compared to the North West of England – our nearest comparator population. This is especially concerning given the stable population and the higher life expectancy rates. Just under half of all five year old children have active decay.
Strategic Plans

The OHS focuses on the implementation of evidence based interventions that will prevent caries in younger children. By reducing the caries burden in this portion of the population there will be a sustainable and significant impact on the long term oral health of the entire resident population. The aim of the plan is to reduce caries levels in five year old children to at least the average of the North West of England.

The OHS also articulates the importance of ensuring that everyone who wishes to access an NHS dentist is able to do so and places emphasis on ensuring that hard to reach and vulnerable groups are included in this to achieve true equitable access.

In order to achieve this there are 10 priorities for action that effectively summarise the work needing to be done:

1. Concentrate our oral health promotion activities on young children of under five years and link into centres that provide services to this group and their families. We would aim to provide this to all under fives and their families. We will harness existing activities such as the Happy Birthday scheme and identify other partners who can assist.

2. Write an effective commissioning plan for the Island which will be largely informed by this Strategy, local and national legislative requirements and guidance. The Island must not simply commission more of the same; we must work innovatively to deliver oral health. We must ensure that we harness the opportunities within the nGDS to deliver prevention. Monitoring and performance management will be key parts of this plan. We will need to consider opportunities in any new dental contract and ensure that access remains a key target.

3. Identify and help individuals who still cannot gain access to dental services and work to reduce waiting lists through effective commissioning. We need to ensure that hard to reach groups, including the elderly, can access care easily.

4. Continue to ensure that no one on the Island endures chronic dental pain and that those experiencing pain are seen within the current UK target time of 72 hours.

5. Target evidence based treatments that can prevent dental decay at those who need them most. This is not purely limited to younger children, but to all residents based on an assessment of risk.

6. Ensure that patients lead the developments in the dental services that the Department of Health provides by engaging service users.

7. Develop the services that we provide to individuals with impairment or disability so that they are responsive to identified need, in particular access to unscheduled care and this will be measured through patient satisfaction surveys.
8. Develop an appropriate level of Dental Public Health Advice and match this to an oral health improvement team within current resource. Work should be linked to the wider public health agenda.

9. Build community capacity to promote oral health through training and development of members of the community to lead oral health promotion efforts so that self care messages are understood and reinforced by all.

10. Develop the provision of dental specialists within the IOM primary care community, moving services from the acute setting where this is possible, safe and in the patient’s best interest. We will consider expanding the range and availability of specialist services through an effective referral system and investment in training (DwSpI).
3 Drivers for change

A number of key documents have helped form the Oral Health Strategy. The documents from the UK include:

- Options for Change - (DH, 2002)
- NHS Dentistry: Delivering Change - (Chief Dental Officer, July 2004)
- The NHS Improvement Plan - (DH, 2004)
- Report of the Primary Care Workforce Review - (DH, 2004)
- Creating the Future: Modernised Careers for Salaried Dentists in Primary Care - (DH, 2004)
- Choosing Health - (DH, 2004)
- Standards for Better Health - (DH, 2004)
- Implementing a Scheme for Dentists with Special Interests (DwSpIs) - (DH, 2004)
- Creating a Patient-led NHS - (DH, 2005)
- Commissioning a Patient-led NHS - (DH, 2005)
- Choosing Better Oral Health - (DH, 2005)
- Effective Interventions - (NICE)
- Commissioning Framework for Health and Well-being - (DH, 2007)
- Delivering Better Oral Health - (DH, 2008)
- Commissioning to Improve Oral Health - (Primary Care Commissioning, 2008)
- Improving Dental Access, Quality and Oral Health - (World Class Commissioning, 2008)
- Independent Review of NHS Dental Services in England - Prof. J Steele
All of these documents are available online - please visit www.dh.gov.uk for more details.

As well as these UK documents, the Isle of Man has the following locally derived documents that have played an important part of the development of this strategy:

- Salaried Primary Care Dental Services - Service Delivery Plan - 2008 - 2011
- Previous Oral Health Strategy (2001)
- The Isle of Man Plan for Children and Young People (2009)

**In summary these UK and local documents aim to:**

- Improve dental access for everyone
- Try to reduce oral health inequalities
- Change the way dentists work and are paid
- Engage and involve the community in determining policy
- Develop the dental team through skill mix
- Integrate dentistry within the Island health care community
- Develop and maintain a safe environment for patients and staff
- Put people on the Isle of Man at the centre of commissioning and purchasing
4 Aims of the Isle of Man strategy

- Reduce the prevalence of dental decay, especially in young children
- Reduce inequalities in dental decay prevalence and uptake of services
- Ensure access to urgent, out of hours and elective care is available to all
- Provide evidence informed care according to identified need
- Promote choice by service users by ongoing consultation and engagement
- Commissioning and provision of modern, primary dental care services
- Ensure that key evidence based preventive messages and actions are delivered.

The Oral Health Strategy describes how close we are to obtaining these aims now, and what we will need to do in the future. The strategy has been primarily aimed at changing the practices, services and care offered to children, however all residents have been considered and service reform will bring benefits to adults, seniors, vulnerable people and those with special needs.
5 The Isle of Man’s oral health needs

While research shows that oral health is steadily improving across the UK, for many young children living on the Isle of Man this improvement has not been seen.

The Island has a resident population of about 80,000 people. It is a stable population and men and women living on the Island have a higher life expectancy than others in the UK. Despite this positive demographic background the oral health of the Island is poor.

Oral health needs of children and young people on the IOM

- More than half of all the Island’s children have had experience of decay by the time they are five years old. These are some of the worst figures when compared to our neighbours in the North West of England; itself the region with the highest levels of decay in England.

- Among those children with decay, each has had approximately 2.5 decayed, filled or missing teeth (dmft) by 5 years old and in many older children decayed permanent teeth have not been treated.

- Just under half of all five year olds have active decay resulting in toothache, pain while eating, crying, sleeplessness and being distracted at school with resultant negative impact on educational achievement.

- 5% of 14 year olds on the Island have experienced trauma to their front teeth.

- 350 children per year are likely to require orthodontic treatment to correct irregularities in the appearance of their teeth.

- One baby per year will be born on the island who will require extensive treatment for cleft palate and / or lip.

- Further information is required on Looked after Children although research from around the UK suggests that they will have poorer oral health than their peers.

- Children with impairment or disability also tend to experience higher levels of disease than that found in the general population.

- Every month about 20 children on the Island need to have, on average, 4 or more teeth extracted under general anaesthesia. Many more children will have extractions undertaken using local anaesthesia in primary care settings.
Changes and trends in the caries prevalence in 5 year old children on the Island, the North West and England

This graph represents the change that has occurred in decay experience over a twelve year timespan. It can be seen that following an initial drop nationally, the reasons for which are not clear, the situation on the Island may be worsening.

These data are especially worrying as they are in such young children. The legacy of this dental disease, and that which will follow, will represent a significant impact on their general health and well being. Targeting preventive practice on very young children is therefore essential.

If we begin early we may be able to prevent much of this disease and the suffering associated with it.
Oral health needs of adults and older people on the Island

- Oral health epidemiological studies are not generally carried out within adult populations leading to a lack of robust local data. However it is accepted that the condition of a person’s teeth when they are five years old is a good predictor for their oral health in later life. The last UK adult oral health survey was in 1998.

- Using synthetic analysis it is possible to determine that approximately 65% of current adults over 75 living on the Island will have lost all their teeth.

- Gum disease is a major cause of tooth loss in adults. 54% of the English population have a significant level of gum disease and the child oral health surveys suggest that this will be higher on the Island. Gum disease has been linked to systemic health including cardiovascular disease.

- As more older people retain their teeth for longer their dental needs increase. Root decay is a particular problem for this section of the community and can be difficult to treat.

- Oral cancer has a high death rate and is linked to the following factors:
  - Tobacco smoking and chewing
  - Excessive alcohol intake
  - Presence of premalignant lesions in the mouth
  - Dietary factors

  Approximately 5 Isle of Man residents will be diagnosed with head and neck cancer each year. They often require extensive restorative dental treatment after their cancer therapy.

- The Island’s dental services will consider adopting the protocol of the 2009 Adult Dental Health Survey to improve and inform a health needs assessment of adult residents.

Oral health needs of vulnerable groups

- Vulnerable groups of society often experience poorer oral health and can have more difficulty in gaining access to oral health care services.

- Adults with impairment or disability that make diagnosis, experience or treatment of dental disease challenging, are a special group at risk. People with a mental illness tend to have fewer teeth, more untreated decay and more periodontal disease than the general population.

- Those in long term institutional care can be vulnerable. This includes older people in residential homes who are often dependant on others for their diet, personal care and access to health services.

- Another group of individuals especially at risk are prisoners. In April 2003, the Chief
Dental Officer for England launched the “Strategy for Modernising Dental Services for Prisoners in England”. It recognises the urgent need to improve services for this group of individuals whose untreated dental disease is thought to be four times greater than the general population. The Department of Health has also recognised this need and there is special provision for dental services for this group on the Island.

- Other adult groups at risk include those socially excluded for example through addiction (drug and alcohol), lack of educational attainment, low income, and the homeless.
- We will work in close partnership with the Vulnerable Adult Health Visiting Team, providing training and support in delivering oral health messages.

**What does this mean we need to do?**

This needs assessment underlines the requirement for a robust approach to instigating preventive services and programmes within the IOM, and targeting these to younger children to ensure that they have an opportunity to secure oral health throughout their lives. We therefore need to:

- build on the effective implementation of the 2006 dental contract and monitor performance in order to ensure that maximum value and clinical effectiveness is achieved
- ensure that oral health is a key feature of health plans on the Island – that it is fully integrated within all strategies that offer an opportunity to advocate preventive advice
- bring evidence based dental services and preventive interventions to dental services on the Island both via service re-design and commissioning
- ensure that any local programmes are based on appropriate health needs
- ensure everyone within healthcare provision on the Island knows the key preventive messages and actions required to secure and improve oral health. That the preventive messages are featured in educational materials for school children of all ages and also for the wider community
- That services are designed and implemented that provide access for all residents, including those who wish to seek symptomatic care, and that appropriate time is made available for regular attenders to receive appropriate preventative advice relative to their risk and age.

To achieve these aims we have developed a number of key action points and strategies to implement them. These can be found later in this document.

A number of strategic steps also need to be taken:
- Ensure that appropriate Consultant Dental Public Health advice is available to key individuals within the dental services system
- Ensure that those who commission and purchase dental services are suitably informed about the preventive programs available and how they can be implemented on the Island
- Understand the important of service redesign to implement change within the dental contract to get the best from the resource we have
- Consider the value of creating an oral health promotion team within the current resources that are focussed on the evidence-based interventions.
6 Existing services

Since 1st April 2006, Family Practitioner Services has had new responsibilities and is required to work more closely with dental colleagues to deliver oral health improvements. It is envisaged that oral health improvement will become an integral part of all local services. Oral health improvement cannot be delivered by dentists and their teams alone, it will require collaboration with others in the community.

Dental services need to be responsive to the local needs of the population and be able to adapt to changing circumstances. There are two main types of dental care service operating on the Island - primary dental care and the secondary services. Isle of Man residents can also access specialist care via a number of different routes. The Department of Health is currently commissioning the following services:

Primary Dental Care

General Dental Services (nGDS)

The majority of NHS dental services are provided by general practitioners who now operate under a new contract, known as nGDS. As of June 2009, the Island has 8 practices which are staffed by 19 dentists (not whole time equivalent (WTE)) and their teams which include hygienists, dental nurses and receptionists.

Currently the Island does not host any vocational training practices although it is a key aim of the strategy to explore the provision of such a practice(s) in the future.

Orthodontics on the Island is offered by one specialist practice, one general practitioner and also within the Community dental service.

The Island introduced the new contractual arrangements with the primary care dentists in 2006. The new contract offers opportunities for innovative practice that were not possible under the old GDS system. These will be highlighted later in the strategy.

Directly Provided Services - SpCDS

Formerly known as the Community or Salaried Dental Services the Isle of Man team comprise of 17 (6 community and 11 salaried) dentists that are supported by a dental nurse team. The community service provides specialist clinical services in paediatric dentistry and IV sedation as well as offering dental care to those with disability and impairment. A minor oral surgery service is offered. The salaried dental services provide routine care primary care to adults and children.
The SpCDS provide services at Ramsey Cottage Hospital, Castle Rushen High School, The QEII School, Central Community and Hillside Clinics in Douglas and the Isle of Man Prison. Treatment for children using inhalation sedation is offered and on average 150 episodes of care using this service are offered each year. Occasionally adults are offered this means of managing dental phobia.

The service also provides a public health function in the collection of epidemiological data and works with the NHS Dental Epidemiological Survey.

**Restorative Advice**

One session per month of restorative advice and treatment is offered to patients referred by the general practitioners. This is undertaken by a visiting Consultant in Restorative Dentistry. Within this system is the potential to develop a “Dentists with a Specialist Interest (DwSpI)” service in Restorative dentistry. Pilots of such schemes have taken place in the North West of England and these models could lead to an increased capacity to treat on the Island.

**Hospital Dental Services**

Noble’s Hospital offers Consultant led services in both Oral Surgery and Orthodontics. While there are many reasons why complex Oral Surgery procedures should be undertaken within an acute setting there is a move within health services to move those elements that can safely be delivered in an alternative setting to Primary Care. This reduces both the cost and waiting times and means that services are more accessible to patients. A children’s dental extraction list is operated by staff at Noble’s Hospital where 24 sessions are undertaken each year.

**In hours unscheduled care**

The primary care dental services offered by the SpCDS provide much of the in hours unscheduled care. Within the new contract it was hoped that more practices would see and treat patients in pain who were not previously on their lists. However, such patients are still experiencing difficulties in accessing dental services.

**Out of hours care**

The Department of Health has a responsibility to ensure an adequate level of out-of-hours care is made available. Currently, patients who telephone between 6pm and 8am on weekdays are given advice by the Manx Emergency Doctors’ Service. At weekends and on public holidays between 9am and 12 midday, an emergency dental telephone line offers a telephone triage and advice service. Appointments are made for those individuals requiring treatment.
What needs to change?

Existing services need to be re-orientated from repair to prevention and specialist services need to be closer to home where this is possible (for example, minor oral surgery and orthodontic provisions). Skill mix and capacity development are key areas for the Isle of Man where recruiting and retaining dentists remains problematic. By utilising the services of therapists, clinical dental technicians and other members of the wider dental team capacity on the Island is increased. For specialist services the development of DwSpI is one means by which additional specialist services can be sourced for the Island. By working with Consultants in specialist disciplines general dental practitioners can begin to diagnose, treatment plan and ultimately treat complex cases. By working together Consultants and DwSpI can see more patients per session.

The Island currently has no Oral Health Promotion Team. For an island population, a dedicated team is likely to be impractical and therefore it will be necessary to harness resource from the general public health teams. These teams should be briefed on the main preventive messages. In addition the oral health promotion work needs to take place against the wider context of public health. By aligning the oral health work to a wider, integrated health care agenda, resources and impact are maximised.

A commissioning plan for dentistry must be developed based upon the aims within this strategy together with the world class commissioning guidelines and should include details of contract and performance management including commissioning for quality improvement.
7 A vision for the Isle of Man

This plan proposes a vision to improve oral health on the Island and for the development of dental services that will be needs and patient led, accessible, evidence based and preventatively orientated.

The plan will be delivered by a dental team with the right mix of skills and to defined standards aiming to reduce the decay component of dmft in five year olds to the average for our closest neighbour, the North West of England.

Key Delivery Issues and the Framework for Delivery

- **Purchasing and Commissioning Plan** - Utilising appropriate Dental Public Health advice a commissioning plan for dentistry will be written in which the aims of the Oral Health Strategy will be a strong driver. These will be in addition to legislative requirements including the need for performance monitoring. From the commissioning plan operational plans will be developed by key service providers.

- **Self care** - A range of measures that individuals can follow at home to protect and improve their oral health. These are listed on the back page of this document. All patients should receive a full oral health assessment and self-care plan.

- **Primary Dental Care provision** - A key aim of the strategic plan is to secure and develop a preventive focus within NHS primary dentistry that is now fully established within the contract. This will be achieved by close working relationships with general dental practitioners in the area. Clinical engagement is key to the delivery of this aim.

- **Hard to reach and vulnerable groups** - working with primary care (GDS and SpCDS) to use a rigorous commissioning approach to develop services for those who are house bound, have special needs or for whom there are barriers to care.

- **Specialist services** - innovative systems for the delivery of specialist care via the use of care pathways, referral guidelines and triage. These services should include a full range of sedation choices for nervous adults and children but accessed via a Referral Information Centre (RIC) which will also handle referrals for Orthodontics and Oral Surgery. The introduction of a RIC will enable the management of demand for specialist services by rejecting inappropriate referrals.

- **CATS (Clinical assessment and triage services) / DwSpI** - Pilot the development of DWSpI with the restorative service for which there is an established need. The strategy aims to expand upon this if successful and include Orthodontics and Oral Surgery schemes. GDPs who undertake these training schemes would be appropriately recompensed using the UDA scheme. These systems offer the potential not only for effective clinical care but also for cost savings.
- **Prevention and partners** - The dental disease process is understood; effective prevention is a realistic goal and would contribute to wider public health and social inclusion. To this end, this strategy suggests identifying partners and joining forces to call for concerted whole Island action between now and 2015 to address the pressing problem of poor child oral health. This could make a difference to the percentage of children reaching school in 2015 decay free and as a direct consequence improve their health and wellbeing in future years. The strategy has ambitious goals to reach the regional average for caries in five year olds - without partnership working this will be unachievable.

- **Focussing on what works** - A focus on groups most at risk from dental caries, e.g. 0-5s in areas of high need. A focus on what works – e.g. distribution of fluoride toothpaste for infants using the Happy Birthday card scheme among others. Support and training for the primary dental care team in developing their role in evidence based prevention in primary dental care. For example applying fluoride varnish twice yearly to children who experience or are at risk from decay. Developing training for extended duty dental nurses and considering the introduction of school based varnish systems based on the advice within Delivering Better Oral Health.
8 The 10 priorities for action - 2016

The following are the areas we would like to concentrate on for the next five years.

1. Concentrate our oral health promotion activities on young children of under five years and link into centres that provide services to this group and their families. We would aim to provide this to all under fives and their families. We will harness existing activities such as the Happy Birthday scheme and identify other partners who can assist.

2. Write an effective commissioning plan for the Island which will be largely informed by this Strategy, local and national legislative requirements and guidance. The Island must not simply commission more of the same; we must work innovatively to deliver oral health. We must ensure that we harness the new opportunities within the GDS to deliver prevention. Monitoring and performance management will be key parts of this plan.

3. Identify and help individuals who still cannot gain access to dental services and work to reduce waiting lists through effective commissioning.

4. Continue to ensure that no one on the Island endures chronic dental pain and that those experiencing pain are seen within the current UK target time of 72 hours.

5. Target evidence based treatments that can prevent dental decay at those who need them most.

6. Ensure that patients lead the developments in the dental services that the Department of Health provides by engaging service users.

7. Develop the services that we provide to individuals with impairment or disability so that they are responsive to identified need, in particular access to unscheduled care and this will be measured through patient satisfaction surveys.

8. Develop an appropriate level of Dental Public Health advice and match this to an oral health improvement team within current resource.

9. Build community capacity to promote oral health through training and development of members of the community to lead oral health promotion efforts so that self care messages are understood and reinforced by all.

10. Develop the provision of dental specialists within the IOM primary care community, moving services from the acute setting when possible and expanding the range and availability of specialist services through an effective referral system and investment in training (DwSpl).
We will develop and establish a performance monitoring framework for oral health and dentistry by 2011 that will enable the public and statutory organisations to determine the progress that we are making towards meeting these goals.

Key Aim - for caries in five year olds to be at the northwest average, or below, by 2016
9  Delivering the priorities

This strategy has a number of initiatives that will deliver the actions described on the previous page. Here are some of them in more detail.

Children’s Settings and Prevention

Places where children access education, health or social care are key target areas for delivering oral health promotion. Key personnel within these settings will be trained and resourced to deliver consistently the key oral health improvement and protection messages (see page 31). For example each nursery and primary school will have regular visits by an extended duty dental nurse who will be able to provide more advice to those parents requiring it and also provide preventative treatments to high risk children - such as the application of fluoride varnishes. The extended duty nurses will also be able to refer children to see a dentist should it be required. We will aim to “buddy” dental practices to areas of high need through commissioning to ensure that such children can access general dental services. Toothpaste and toothbrushes will be sent out to younger children in birthday packs. The strategy recommends that further steps are taken to identify areas in which the oral health message can be brought to young children and their parents through partnership working.

Primary Care Dental Services - Re-design for increasing access and prevention

The introduction of the new dental contract offers the possibility of new commissioning opportunities for the Island. On the Isle of Man we want to use this opportunity to bring evidence based preventive measures to where they are needed most; to young children in primary dental care. By incorporating a risk assessment with allied prevention care pathways we aim to reduce the incidence of tooth decay and hence the number of children and adults in pain requiring fillings or treatment for periodontal disease. As described previously, the condition of the teeth at five years old is a good indicator of future oral health so this is a programme whose benefits will extend into adulthood. This is a key plan in achieving our main aim - reducing caries levels in five year olds.

Expand Dentists with a Specialist Interest (DwSpI)

Following the success of pilot projects around the UK we would like to initiate a system on the Island which would aim to bring specialist services closer to the residents. Following an initial pilot with restorative dentistry we would aim to provide local access for residents to minor oral surgery, orthodontics and restorative dentistry delivered by primary care dentists under the supervision of specialists. As well as improving access this model also trains dentists and their teams in new skills and builds capacity in primary care for the future. This development will be allied to moves of certain aspects of dentistry out of an acute care setting - for example minor oral surgery and orthodontics.
Orthodontics

There is an established need for orthodontic treatment on the Island. The referral management process will ensure that those who need treatment receive it from an appropriately trained provider. Orthodontics is a good example of a service in which the use of appropriate skill mix (consultants, specialists and DwSpl) can ensure that treatment is provided in a timely and efficient manner. Together with a move from the acute setting the redesign of orthodontics services will ensure that the expressed need is met. The first stage of this process will be the introduction of new referral guidelines for general practitioners to ensure that the services are appropriately utilised.

Leading an innovation in dental commissioning

By describing the direction the Department of Health wishes to take with providers of both primary and secondary care, a commissioning plan will be a first step towards securing a new model of dental services for the Island. A service plan that is based on patient needs, delivered in settings and times that suit them, on the evidence base with a heavy emphasis on prevention and finally a plan that recognises the needs of all resident groups including those with special needs, those whom may be vulnerable and those who live within an institutional setting.
10 Action plan ladders

The following pages outline the action plans to develop the initiatives described in Section 8. They represent a strategic ladder, covering what we have achieved to date and what work is still to be done.

**Action plan ladder for the delivery of:**

**Prevention programme within the Island’s children’s settings.**

<table>
<thead>
<tr>
<th>Year</th>
<th>Task</th>
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<tbody>
<tr>
<td>Year 1</td>
<td>Recognition of need for improved oral health in young children</td>
</tr>
<tr>
<td>Year 1</td>
<td>Decision made to target preventive efforts on young children under five years old</td>
</tr>
<tr>
<td>Year 1</td>
<td>Work to identify those settings and opportunities to provide preventive treatments and advice to children under five years old</td>
</tr>
<tr>
<td>Year 2</td>
<td>Developing a plan for training local workers to deliver an integrated oral health message along with other health promotion activities</td>
</tr>
<tr>
<td>Year 3</td>
<td>Implementing training programme for the local workers and assess outcomes. Identify buddy dental practices for each children’s setting and work on outreach and preventive focus to these practices</td>
</tr>
<tr>
<td>Year 4</td>
<td>Introduction of the nurses with extended duties into children’s settings to provide additional triage facilities for younger children not attending the dentist and provide evidence based preventive care in the form of fluoride varnish applications</td>
</tr>
<tr>
<td>Year 5</td>
<td>Examine impact of new programme on the access to dental care for these children and the resultant effect on their oral health. Undertake qualitative research with children and parents concerning their experiences with the programme and make any changes required.</td>
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</table>

Completed
Short term goal
Long term goal
Action plan ladder for the delivery of:

Primary Care Dental Services - Redesign for increasing access and prevention.

- Recognise need for prevention in practice
- Further facilitated clinical engagement work shop
- Identify a general dental practice and a SpCDS clinic to be early adopters to pilot the scheme.
- Develop a risk based clinical evaluation tool linked to preventive care pathways.
- Implementing DBOH
- Evaluate and report on the pilot practice programme.
- Capture improvements in oral health and identify any barriers to the implementation of the redesigned service model.

**Year 1**
- Workshop on the draft service redesign model undertaken.
- Providing training extended duty dental nurses
- Establish clinical engagement group (OHAG)

**Year 2**
- Roll out of service redesign model to practices within the SpCDS and general dental practice.
- Such work will inform the commissioning process and decision making.

**Year 3**
- Evaluate the new system and report on impact on oral health.

**Year 4**

**Year 5**

**Year 5+**

- Long term goal
- Completed
- Short term goal
Action plan ladder for the delivery of:

Expand Dentists with a Specialist Interest (DwSpI) and referral management.

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<tr>
<th>Year 1</th>
<th>Year 2</th>
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<th>Year 4</th>
<th>Year 5</th>
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<th>Year 5+</th>
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<tr>
<td>Identify a location and a champion specialist in Restorative dentistry to lead the project</td>
<td>Pilot study with Specialist for Endodontics initially</td>
<td>Dentists recruited from this pilot</td>
<td>Develop OHAG</td>
<td>Scoping utilisation of secondary care</td>
<td>Principles of Referral Information System discussed with providers and referrers</td>
<td>Move non-surgical-ortho and appropriate oral surgery out of Noble’s into a primary care setting more appropriate to the service model and patient needs</td>
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- Completed
- Short term goal
- Long term goal
**Action plan ladder for the delivery of:**

**Development of innovative purchase and commissioning plans**

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<th>Year 5</th>
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<tbody>
<tr>
<td>Completed</td>
<td>Short term goal</td>
<td>Long term goal</td>
<td>Completed</td>
<td>Short term goal</td>
<td>Long term goal</td>
</tr>
</tbody>
</table>

- **Develop a Commissioning plan to reflect the oral health needs of the Island the preventive approach to be adopted**
- **Review CDS services**
- **Ensure that contracts within the nGDS reflect the aims and ambitions of the Oral Health Strategy**
- **Ensure that the SpCDS has an operational plan aligned to the Oral Health Strategy that is agreed by the commissioning team**
- **Review all GDS services and ensure:**
  - a) is everything fit for purpose?
  - b) are the services delivering the OHS effectively?
- **What barriers are there?**
- **Commission a VT practice**
- **i.e. Commission VT practice**
- **Commission DwSpi scheme**
- **Commission the placement of fluoride varnish**
- **Roll out of service re-design practices**
- **Buddy schemes**
- **Getting e-reporting to lead to effective contract management**
- **Feedback to poor performers**
- **Evaluate the commissioning plan against disease level targets**
- **Respond to feedback from service users and providers**
- **Prepare for next Oral Health Strategy Development**
11 Funding implications

It is important that we consider how the Oral Health Strategy will be delivered within the funding available for dentistry and by existing children’s public health practitioners (e.g. health visitors, teachers and nursery nurses). Self care will be promoted by training and redesign of existing dental services within current resource. Primary dental care will operate within the contract values currently available with a shift to focus on what works. This ties in with service re-design and the incorporation of preventive programmes within this branch of dentistry. The community specialist services will continue to operate within the current service specification and again will focus on those activities for which there is a strong evidence base and directed at vulnerable groups.

Business cases will be developed to support a commissioning strategy that moves specialist services closer to the local community (so called “Dentists with a Special Interest”, DwSpI). It is anticipated that this will be funded by a transfer of funds from existing resources but it is possible that new funds to pump prime these initiatives may be required. Such programmes are good examples of investing to save. Providing specialist care in primary care settings not only reduces costs, but improves access for local people.

Following the decision not to fluoridate the water supplies, increasing funding to the Island’s dental services may be required as population based interventions such as fluoride varnishes in schools, are essential but costly to deliver. The use of skill mix and capacity development can reduce these costs. Irrespective of the interventions selected the overall aim to reduce caries in five year olds should be seen as the priority.
12 Summary statement

Oral health is central to healthy living and a key marker of the health of a community. It is a well accepted fact that the oral health of the children and adults on the Island do not reflect the significant advances in health care that have been achieved in other sectors, nor does it reflect the status of the Island’s population in the new century. We are fortunate that we understand the oral disease processes; effective prevention is a realistic goal and would contribute to wider public health. It is important that everyone on the Island is made aware of the key preventive messages and that they are delivered consistently by all.

This Oral Health Strategy builds on the previous document and outlines key priorities and action required to deliver better oral health for the people of the Isle of Man. Its focus is the introduction of commissioning for evidence based preventive strategies within primary dental care delivered by the whole dental team working collaboratively with others and underpinned by self-care.
13 Consultation and acknowledgements

This document has been developed in consultation with key stakeholders. These include:

- Isle of Man Children’s Strategic Partnership Board
- Isle of Man Department of Health
- Public Health consultants
- Noble’s Hospital Dental Services
- SpCDS - Community and Salaried
- Patient groups

The Department of Health would like acknowledge and thank for inspiration on format: Tower Hamlets and Oldham, and Salford PCTs, and for use of images, the University of Manchester.
14 Glossary

CATS - Clinical Assessment and Triage Service

dmft - decayed, missing and filled teeth

DwSpI - Dentists with a Specialist Interest

GDPA - General Dentist Practice Advisor

nGDS - New General Dental Services

RIC - Referral Information Centre

SpCDS - Specialist and Community Dental Services

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Key Preventive Messages to improve Oral Health

In addition to advocating a healthy lifestyle . . .

1. Reduce the amount of sugars consumed in food and drink - and reduce the number of times you eat/drink these

2. Make sure feeding bottles are stopped at 12 months

3. Brush teeth and gums effectively twice daily, especially before bed time using a family fluoride† toothpaste

4. Supervise young children when they brush their teeth

5. Use sugar free medicines where possible

6. Visit a dentist on a regular basis for advice and treatment to prevent oral problems.

† Children’s toothpastes do not offer maximum protection against decay
The information in this document can be provided in large print or audio tape upon request.