

Dental Briefing Paper (Bury)

From April 2013, the NHS Commissioning Board took over commissioning responsibility from Primary Care Trusts for all NHS Dental Services: primary, community and secondary, including dental out of hours and urgent care. This includes commissioning dental services provided in high street dental practices, community dental services, and dental services at general hospitals and dental hospitals.

The NHS Commissioning Board commissions NHS dental services based on historic activity and local oral health need.

Responsibility for commissioning Oral Health Improvement now sits with the Local Authorities.

Information for Bury and Greater Manchester arising from a dental survey of five year olds 2012

Despite an overall improvement in the number of children free of tooth decay, over 37% of five year olds in Greater Manchester have tooth decay according to a survey published by Public Health England (September, 2013). Children with decay have, on average, nearly four teeth affected by decay, which is treated or untreated.

The study '*National Dental Epidemiology Programme for England, oral health survey of five-year-old children 2012*' is the second national survey undertaken with the current methodology, the previous survey was in 2008. Comparison between 2008 and 2012 shows an apparent overall improvement in decay levels in young children.

In England the 2012 survey found:

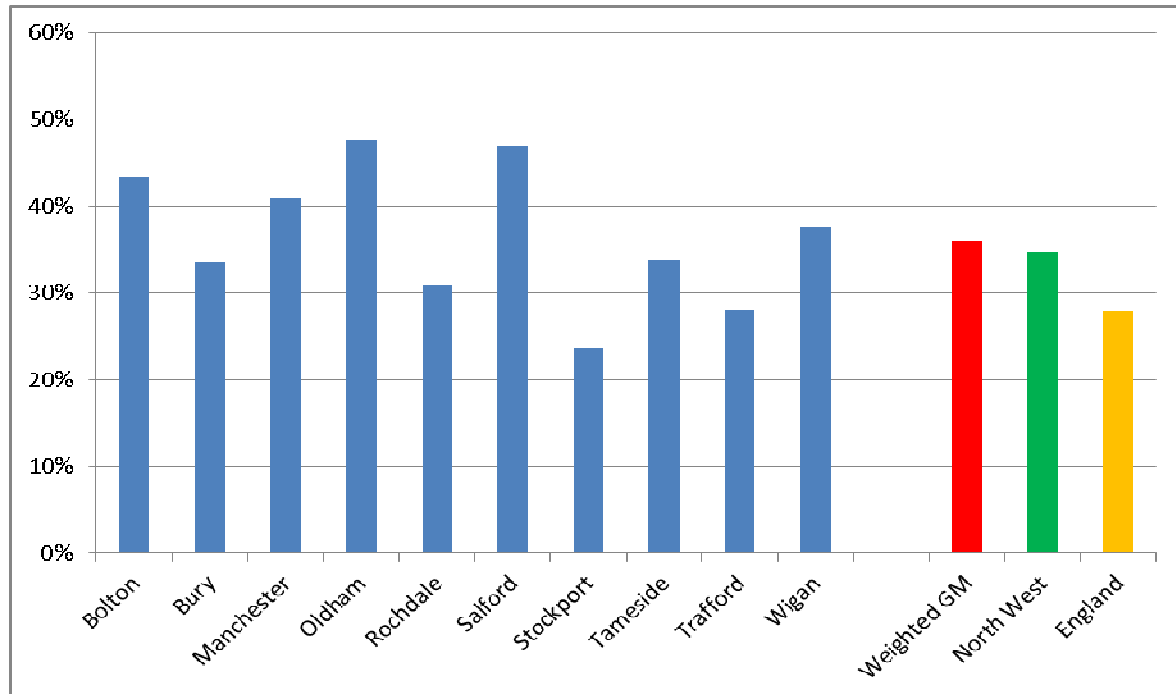
- Overall the proportion of five year old children with any tooth decay has reduced from 30.9% to 27.9%
- The proportion of children with untreated decay has reduced from 27.5% to 24.5%
- Children with sepsis in their mouths has reduced from 2.3% to 1.7% since 2008
- 72.1% of five year olds are free from tooth decay, up from 69.1% in 2008
- The survey is likely to underestimate the true level of disease

Whilst there has been an apparent improvement in disease levels in the country overall there is no room for complacency in the Greater Manchester area as the inequalities in health persist in comparison with the rest of the country and within the region from one Local Authority to another.

Levels of decay in the North West are higher than any other region in the country with 34.8% of children having one or more teeth that are decayed, extracted or filled. This compares with 27.9% in England and 21.2% in the South East.

Within Greater Manchester there are also inequalities in health with only 23.7% of children in Stockport being affected by decay compared with 47.7% in Oldham.

Graph below shows the proportion of 5-yr-olds with one or more decayed, extracted or filled teeth in Greater Manchester, 2012:



Data arising from the survey described above has been analysed by the Public Health England Dental Public Health team in Greater Manchester to provide more detail for Bury at a township level. A higher proportion of five year olds living in Bury East and Whitefield & Unsworth are affected by experience of decay than in the other townships, while fewer in Radcliffe and Bury West have experience of decay. The severity of decay has a similar pattern with children in Bury East and Whitefield & Unsworth having, on average, more teeth affected by disease. Severity is lower in Prestwich and least in Radcliffe.

Early childhood caries (ECC) typically affects smooth surfaces of upper front teeth and can affect many other teeth as well. It is usually associated with long term use of a baby bottle containing sugared drinks, especially if given at night. In some areas it is culturally acceptable to put a baby or toddler to bed with a bottle and allow them to drink freely from a bottle during the day. If water or milk were given in this way there would be no harm to teeth but drinks containing sugar can cause this rapid and disfiguring type of decay. The measures of decay at age five include decay that may have been caused during the first two years of life. Where this type of decay is widespread, for example in Bury East and in Ramsbottom, Tottington & North Manor, action needs to be taken to tackle it early on, otherwise decay levels at age five will remain high.

The observation that general decay severity is moderate in Ramsbottom, Tottington & North Manor but prevalence of ECC is relatively high suggest that a large proportion of the disease measured at age five is attributable to ECC in that area.

General Dental Practices Responsibilities for Access to the Service

Under the current GDS contract (2006) there is no formal registration with a dental practice. Patients who have received a course of treatment on the NHS are entitled to a 12 month guarantee period relating to that course of treatment. Most practices operate a recall system, through which patients are invited back on a regular basis for a routine check-up, in line with NICE guidance. Recall intervals can vary from 3 months to 12 months depending on the dental health of the patient. Compliance with NICE recall guidelines should create further access for new patients.

Practices have a policy for managing FTAs (fail to attend) and this may include no longer offering appointments to patients who have failed to attend on two or more occasions. It is the patient's responsibility to cancel any appointment they cannot attend. Such a policy is to enable practices to manage their limited resources. The decision not to offer future appointments is considered on an individual basis.

It is the responsibility of each practice to ensure that their NHS Choices entry is up to date and correct. The Dental Commissioning Team at GMAT is working with all practices across Greater Manchester to ensure that this is done.

Patients are entitled to access NHS dental services in any part of Greater Manchester. The Area Team continues to ensure that practices take the time to update NHS Choices, providing a central resource for everybody to access, including patients, to be better informed about availability within Greater Manchester.

Contract Numbers

The table below shows Primary Care Dental provision in the Bury area and at a Greater Manchester level:

Contract Type	Bury	Greater Manchester
General	29	381
General and Orthodontic	2	18
Orthodontic	1	38
Pilot (Type 1)	0	2
Pilot (Type 2)	0	2
Pilot (Type 3)	1	3
Community (PDS)	1	4
Total	34	448

In total there are 16 secondary care contracts across Greater Manchester.

Performance 2013 / 2014

The headlines for 2013 / 2014 performance across Greater Manchester are as follows:

- Underperformance equates to 1% of the total 13/14 contacted activity for UDAs (Units of Dental Activity) & UOAs (Units of Orthodontic activity)
- For Contractors delivering less than 96% - £1.54m (Equates to 57,111 UDAs) will be recovered from contractors before March 2015
- For Contractors delivering between 96.1% - 99.9% 42,739 UDAs will be carried forward and delivered in 14/15
- For Contractors delivering between 100% - 102% 34,352 UDAs will be carried forward and UDA delivery will be reduced for 14/15
- Any Contractor delivering over 102%, the UDAs will not be carried forward as per the policy this equated to 17,235 UDA's at a cost of £545k

The headlines for 2013 / 2014 performance in Bury are as follows:

- Performance achievement for Units of Dental Activity (UDAs) was 98.22%
- Performance achievement for Units of Orthodontic Activity (UOAs) was 100.22%

The table below summarises the year end position for 2013 / 2014 for Bury:

	Contracted Activity	Completed UDA / UOA	Performance Achievement (%)	Over / Under Performance (UDA / UOA)	Under / Over Performance (£)
Unit of Dental Activity (UDA)	304,875	299,459	98.22%	-5,416	-147,880.79
Unit of Orthodontic Activity (UOA)	9,056	9,076	100.22%	20	-2,927

GP Patient Survey

The GP Patient Survey is an independent survey run by Ipsos MORI on behalf of NHS England. The survey is sent out to over a million people across the UK.

The GP Patient Survey has been designed to give patients the opportunity to comment on their experience of their GP practice and other local NHS services including dentists. The survey asks questions about experiences at local GP surgery and other local NHS services, and includes questions about general health. The survey includes questions about a range of issues, such as how easy or difficult it is for patients to make an appointment at their surgery, satisfaction with opening hours, the quality of care received from their GP and practice nurses, amongst other things. Replies to the survey help surgeries and NHS England understand where improvements are needed. The survey is an opportunity for patients to have their say about how well their practice is doing at providing these services to patients.

Below are the responses to two questions relating to dental practices from the 2013 / 2014 survey. Responses include all those who tried to get an NHS dental appointment within the last two years.

1. Were you successful in getting an NHS Dental Appointment?

	% Yes	% No	% Can't remember
England	93%	5%	2%
Greater Manchester	90%	7%	2%
Bury	90%	8%	2%

According to the above both Greater Manchester and Bury have a slightly lower success rate for patients trying to get an NHS Dentist compared to England as a whole.

2. What was your overall experience of NHS Dental Services?

	% Very good	% Fairly good	% Neither good nor poor	% Fairly poor	% Very poor
England	48%	36%	9%	4%	3%
Greater Manchester	49%	34%	9%	4%	4%
Bury	51%	32%	9%	4%	3%

According to the above Greater Manchester have a slightly higher percentage of patients who stated their experience of NHS Dental Services was very good.

Bury also has a slightly higher percentage of patients who stated their experience of NHS Dental Services was very good.

Access

It is a key priority for NHS England to improve access to dental services. The national measure of access to general dental services is determined as the number of unique patients seen by NHS primary care dental services over the previous 24 month period. Within Greater Manchester access continues to gradually increase at a rate above the regional (North of England) and National rate (see table below):

Greater Manchester Access – March 2006 to June 2014

Name	Patients seen in previous 24 months at 31 March 2006	Patients seen in previous 24 months at 31 March 2013	Patients seen in previous 24 months at 31 March 2014	Patients seen in previous 24 months at end of June 2014
Greater Manchester	1,553,258	1,658,990	1,664,335	1,665,267
North of England Commissioning Region	8,751,351	9,231,335	9,249,297	9,244,868
England	28,144,599	29,775,762	29,915,994	29,915,895

Name	% of Access levels compared to end of March 2006	% of Access levels March 2013 compared to end of March 2006	% of Access levels March 2014 compared to end of March 2006	% of Access levels June 2014 compared to end of March 2006
Greater Manchester	100.0%	106.81	107.15	107.21
North of England Commissioning Region	100.0%	105.48	105.69	105.64
England	100.0%	105.80	106.29	106.29

Bury Dental Access – December 2013 to June 2014

Below are the most recent access figures for Bury:

Local Authority	Patients seen in previous 24 months at end of December 2013 (total adults and children)	Patients seen in previous 24 months at end of March 2014 (total adults and children)	Patients seen in previous 24 months at end of June 2014 (total adults and children)
Bury	108,586	107,455	106,650

Local Authority	% of Access levels compared to end of December 2013	% of Access levels March 2014 compared to end of December 2013	% of Access levels June 2014 compared to end of December 2013
Bury	100.0%	99.0%	98.2%

Areas of Work

Working with the Consultants in Dental Public Health (CDPH) and clinicians from the Local Dental Network (LDN) we have identified specific areas of work that aim to improve oral health. These are:

1. Healthy Gums DO Matter Pilot 2014 / 2015

The gap between how periodontal care (care of the gums) is delivered in General Dental Practices and the recommended guidance is widening. Guidance and care pathways are crucial to improving the quality and care. This area of work aims to improve the clinical management and oral health of adults by improving attendance and quality of periodontal therapy delivered in NHS practices and by increasing, proactive prevention to increase good homecare habits.

Objective / Scope to support practitioners in Greater Manchester to improve the care management of periodontal disease in primary care, to have a set of guidelines and care pathways for treating periodontal disease in NHS dental practices to support local practices improve quality of periodontal care provision and reduce the number of medico legal cases involving periodontal disease and its treatment.

This area of work aims to embed the Healthy Gums DO Matter pilot scheme into the GDS contract from April 2014. To achieve this, each practice will need to take a total of 23 patients through the periodontal pathways:

- 15 from the Disease and Advanced Disease pathway
- 5 from the risk pathway
- 3 from the health pathway

The pilot will run from 1st April 2014 until 31st March 2015.

A total of 12 practices are piloting the Healthy Gums DO Matter Scheme, of these none are based in Bury.

2. Baby Teeth DO Matter 2014 / 2015

Despite an overall improvement in the number of children free of tooth decay, over 37% of five year olds in Greater Manchester have tooth decay according to a survey published in September 2013 by Public Health England. Children with decay have on average nearly four teeth affected by decay, treated or untreated.

Objective / Scope – to encourage dental attendance among the under 5 year olds, increase proactive prevention at all primary dental care sites, improve clinical management of 3 to 5 year olds, reduce GA referrals, improve overall quality of care of 3 to 5 year olds, better outcomes for patients, cost effective use of NHS resources that reflect local need, empower parents and caregivers to take care of oral health needs and increase good home care habits among the under 5 year olds including brushing with fluoride toothpaste last thing at night and in the morning.

Following the success of the Baby Teeth DO Matter Pilot in 2012 / 2013 Greater Manchester Area Team has developed the Baby Teeth DO Matter scheme which was launched in April 2014. This area of work aims to embed the Baby Teeth DO Matters scheme into the GDS/PDS contract from April 2014. To achieve this, practices will need to deliver the following:

- Actively identify children age 0-5 years who have not attended in the previous two years and positively promote the initiative
- Provide access to the eligible children
- Provide an assessment with advice and intervention according to protocols
- Provide fluoride varnish application
- Provide evidence based oral health based oral health messages and reinforced using leaflets to promote tooth friendly routine for life
- Provide re-attendance opportunities in 2 – 3 month period.
- Complete oral health needs assessment form and return to area team on a quarterly basis.

Non- Recurrent Funding

In financial year 2013 / 2014 a total fund of £506K was invested in non-recurrent activity. A total of 18,066 non recurrent UDAs at £28 per UDA were offered to practices, providing access to an additional 5,200 patients (on an average of 3.5 UDAs per patient). This additional funding was primarily for children age 0-5 years, in order to build on the work of Baby Teeth Do Matter Scheme 2012 / 2013.

Three practices in Bury expressed an interest in the non-recurrent scheme and were awarded a total of 651 UDAs, providing access to an additional 186 patients (based on an average of 3.5 UDAs per patient).

NHS England is currently reviewing non-recurrent funding opportunities in 2014 / 2015.

Dental Assurance Framework

The DAF UDA Framework has 14 clinical and non-clinical indicators (see below) which the Area Team use to support an initial view that practices are delivering a good service.

- Under-delivery of UDAs
- Radiographs Rate per 100 FP17s
- Fluoride Varnish Rate per 100 FP17s (3-16 yr old patients)
- Fissure Sealants Rate per 100 FP17s (3-16 yr old patients)
- Endodontic Treatment Rate per 100 FP17s
- Low Extractions Rate per 100 FP17s
- High Extractions Rate per 100 FP17s
- Extractions as a % of Extractions + Endodontic Treatment – Adults
- Inlay Rate per 100 FP17s
- Re-attending within 3 months – Child
- Re-attending within 3 months – Adults
- Average Band 3 to Band 3 rates
- % satisfied with dentistry received
- % satisfied with wait for an appointment

The above data is provided on a quarterly basis by the NHS Business Services Authority Dental Services (NHSBSA) to the Area Team in table format indicating the number of flagged indicators individual practices have. Indicators are benchmarked to identify outliers by comparing individual contract performance to England averages whilst taking into account the contract size.

The Area Team then uses the Assurance Framework as one of its formal tools to identify and reduce variation by setting a transitional standard that none of our dental practices should have more than four flagged indicators.

Flags for Bury as of June 2014 are:

Contract Type	Number of Flags
GDS General	1x practice with 7 flags 1 x practice with 5 flags 3 x practices with 3 flags 5 x practices with 2 flags 12 x practices with 1 flag 8 x practices with 0 flags
General and Orthodontic	1 x practices with 3 flags 1 x practice with 1 flags
Orthodontic	1 x practice with 0 flags

Referral Management

A central dental referral management has been in place in Greater Manchester in pilot form since 2012, launched via a phased roll out across all localities. The current pilot service now has 100% coverage of Greater Manchester and includes all dental specialties and pathways across primary and secondary care. The service provides invaluable data relating to pathways development e.g. oral surgery, oral and maxillofacial surgery and orthodontics, as well as improving the quality of referrals. The overall aim of the service is to ensure that patients are referred in to the most appropriate service according to need.

During 2014 / 2015 the Area Team are undertaking Referral Management Service procurement. Expected date of commencement of the newly procured service is 1 July 2015.

Community Dental Services

Community Dental Services provide special care dentistry. The speciality of special care dentistry is concerned with the improvement of the oral health of individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability or, more often, a combination of these factors, which results in them being unable to access routine dental care. It pertains to adolescents and adults.

Bury Community Dental Service is delivered by Pennine Care NHS Foundation Trust and provides dental services limited to people with disability, who have complex needs and are unable to use general dental services. Patients may be referred to the service by other dentists, doctors, health and social care professionals and Support Workers.

The service provides:

- specialised dental services to people with complex needs who are unable to use general dental services
- assessments for general anaesthetic for paediatric and special needs patients
- Treatment using inhalation sedation for paediatric patients
- Home visits for people with complex needs who cannot be treated by a general dentist

Contact Details

NHS Choices

Patients who are seeking access to dental care are able to source information regarding local dental services from the NHS Choices website (www.nhs.uk)

Urgent Dental Care

- Bury - Urgent In Hours Care (8.00am – 6.30pm) 0161 447 9898
- Bury - Urgent Out of Hours Care (6.30pm – 8.00am) 0161 763 8941

Community Dental Service

- Pennine Care NHS Foundation Trust (Bury) 0161 447 9866

Area Team

If you require more information around Primary Care / Secondary Care Community Dental Care, please do not hesitate to contact the Greater Manchester Area Team (Dental Team) via email england.gmdental@nhs.net OR telephone 0113 825 5264 / 5231 / 5144.