STRATEGIC COMMISSIONING FRAMEWORK FOR DENTAL SERVICES FOR OXFORDSHIRE

2008 – 2013

May 2008
CONTENTS

Foreword

Executive Summary

1. Background

2. Aspirations and Commissioning Outcomes

3. Needs Assessment

4. Where are we now – current services

5. Priority Issues and need for change

6. Finance & Risk

7. Delivery and Implementation plan

8. Monitoring and Evaluation

9. Acknowledgements

10. Appendices

A. Key documents relating to Dental Service Commissioning

B. Map of Oxfordshire with Index of Multiple Deprivation Scores 2007

C. Workshop Attendees

D. Equality impact assessment

E. Glossary

Tips for Teeth - Oral Health Promotion Message
Foreword

Since 1 April 2006, primary care trusts have had responsibility for commissioning primary care dental services to reflect local needs and priorities. This means that primary care trusts now have an integrated responsibility for commissioning both general dental care and more specialist dental care, regardless of whether it is provided in general practice, in community-based salaried services, or in hospitals.

The strategic commissioning framework for dental services is an integral part of the PCT commissioning and primary care strategy and the delivery of the outcomes in this framework will support improvement in the overall health and well being of the people of Oxfordshire.

In line with the strategic direction for the PCT to transform healthcare in Oxfordshire this framework will contribute to the organisational aims by supporting people to:

- be healthier by preventing oral health problems
- improve their well being through improving their oral health
- manage their own oral health in association with skilled dental care professionals
- have access to high quality, personalised safe and appropriate dental care
- get excellent value for money from NHS dental services.

Dental disease is almost entirely preventable and therefore much of the work of this framework focuses on prevention of dental disease and improving access to dental services which will help the population of Oxfordshire improve their oral health.

The framework outlines our plans to develop services in areas of health inequality and the delivery of dental provision for the most vulnerable of our residents as they are at most risk from poor oral health.

Working with dental practitioners we will deliver improvements in access to NHS dental services and support innovation and improvements in the quality of services provided.

Many people have been involved in the development of this framework and we hope many more will be involved in its delivery to support our ambitious aims to integrate oral health as part of the PCT plans to improve the health and well being of Oxfordshire.

---

**ORAL HEALTH**

*A standard of health of the oral and related tissues which enables an individual to eat speak and socialise without active disease, discomfort and embarrassment and which contributes to general well being.*

Oral Health Strategy Group, Department of Health 1994
Executive Summary

Why we need a strategic commissioning framework
In 2006 PCTs became responsible for commissioning NHS dental care for their populations and each PCT in Oxfordshire developed a commissioning plan and an Oral Health Strategy was developed by the dental public health team. These have been reviewed, refreshed and drawn together into a document which provides a countywide view of services for the next five years. This strategic commissioning framework aims to support:

- Better prevention
- Better services
- Better commissioning

Local Performance & Priorities
In the last two years since the introduction of the new dental contract significant progress has been made in establishing services in the areas of the county where there has historically been low levels of access to NHS dentistry, and this framework will enable us to further develop this work. The framework focuses on the following aims:

- Increasing access to NHS dental services for the people of Oxfordshire
- Reducing the prevalence of dental decay, especially in young children
- Reducing inequalities in dental decay prevalence and uptake of services
- Ensuring access to urgent, out of hours and elective care is available to all
- Providing evidence based care according to identified need
- Promoting choice by service users by ongoing consultation and engagement
- Commissioning the provision of modern, primary dental care services
- Ensuring that key preventive messages and actions are delivered.

Current dental service provision
This commissioning framework covers current services and the development of new ways of working, both primary and specialist dental services that can be provided in primary care settings.

Primary Care Dental Services including:

- General Dental Services (GDS) and Personal Dental Services (PDS)
- Out of Hours Emergency Dental Services
- In hours unscheduled care
- Oral Health Promotion
Specialist dental services including
- Prison dentistry
- Dental services for patients with special needs
- Domiciliary services
- Orthodontics
- Conscious Sedation & dental treatment under General Anaesthetic
- Minor Oral surgery
- Restorative Dentistry

**Strategic Commissioning Outcomes**
This framework proposes six commissioning outcomes which will enable us to measure how well we are delivering against the aims of the framework.
These outcomes are to:
1. Improve access to NHS dentistry
2. Improved Oral Health for the local population
3. Reduce health inequalities relating to dental care, with a priority focus on children, older people and vulnerable groups
4. Improved patient experience in dental care
5. To get best value and make best use of the dental budgets and make the case for future investment
6. To develop specialist dental services and where appropriate develop alternative provision in primary care settings

Key performance indicators will be used to monitor delivery against these outcomes.

**Delivery Plan**
This document includes a delivery plan identifying priorities for the next year to eighteen months for each of the strategic commissioning outcomes. This plan identifies the lead individual or team responsible for delivering each action and measures to assess progress and performance against the plan. It is anticipated that this plan will be reviewed annually to ensure the framework continues to be a relevant and dynamic document.
1. Background

PCTs became responsible for commissioning NHS dental and oral health promotion services with the advent of a new national dental contract. This new contract provided the opportunity and resources for the PCT to work with dentists (GDPs) to ensure services are tailored to the needs of the population now and in the future. During the last year the PCT has reviewed the provision of dental services in Oxfordshire and now wishes to set out a direction and vision for the future which is outlined in this Strategic Framework document.

A number of key documents have been produced linked to NHS dental services and have helped inform this Strategic Commissioning Framework for Dentistry. These are listed in Appendix A.

The key themes of these documents include:

- Improving equity of dental access for everyone
- Trying to reduce oral health inequalities
- Reorientation of dental care to a more preventative focus
- Changing the way dentists work
- Developing the dental team through skill mix
- Improving quality of care they provide
- Engaging and involving the community in determining policy
- Integrating dentistry within the NHS family

There have also been a number of surveys carried out in the last year by the Citizens Advice Bureau (CAB), Commission for Rural Communities, Commission for Patient and Public Involvement in Health (CPPIH) and our local Patient and Public Involvement Forum which indicate, that from the perspective of the general public, access to NHS dental services needs to be improved at both a national and local level.
There are a number of opportunities to look at dental service provision in a whole new way. In particular reviewing the type of services that are available in primary care through the use of the advanced skills of some dental practitioners, rather than specialist services being solely provided in hospital settings.

This Strategic Commissioning Framework for NHS Dental Services aims to consider these themes against the local needs assessment to determine the priorities for development in Oxfordshire for the next five years.
2. Aspirations and Commissioning Outcomes

The Strategic framework for Commissioning Dental services must sit comfortably with the PCT strategic direction and aims to support delivery of the PCTs’ priorities. In turn it must be recognised that good oral health is an important component in health and well being for people and therefore the improvement of dental services in Oxfordshire should be considered as integral to delivery of holistic care for patients, not as a stand alone part.

Oxfordshire PCT strategy has committed to ensure that the people of Oxfordshire will:
• Be healthier – particularly if they live in our most deprived communities
• Work with the PCT to promote physical and mental well being & prevent ill health
• Be actively supported to manage their own health and care needs at home
• Have access to high quality, personalised, safe and appropriate health services
• Get excellent value for money from their local health services
• Have a PCT which is a high performing organisation

Oxfordshire’s Director of Public Health’s Annual report in 2008 highlights our local public health priorities. These include improving the health of children and families by breaking the cycle of deprivation and improving the health of older people by providing better services to promote and protect their health.

These public health priorities are reflected in this commissioning framework which places emphasis upon targeting services to improve the oral health of children, vulnerable adults and older people in Oxfordshire.

Outcome 1. Improved access to NHS dentistry in Oxfordshire

The government has given a commitment to maintain and expand NHS dental services and increase access year on year as set out in the NHS operating Framework 2008/09 and PCTs. Improving Access to NHS dental services is a Vital Sign target for PCTs from April 2008 and therefore an organisational priority. The PCT will see an increase
in the level of resources it receives for dental service commissioning from 1\textsuperscript{st} April 2008. Currently 47% of the Oxfordshire population access NHS dentistry compared with the average for England of 54%. 74% of children in Oxfordshire have been seen by an NHS dentist in the last two years, but there are areas where only 50% of children have seen a NHS dentist. Due to the demographics of the local population there is a significant level of private dental delivery, but the survey carried out by the Patient & Public Involvement forum in 2007 suggests that patients would like to have the choice of NHS dental care if there was improved access locally. There are also large sections of the population that do not access any dental care. Reasons for this may include to lack of awareness of oral health or fear of dental treatment.

![Figure 1. Patients seen as a percentage of population in the previous 24 months](source: NHS Dental Statistics 2007/08 – Quarter 2 September 2007)

Figure 1. illustrates the numbers of patients seen as a proportion of the population compared with other PCTs in NHS South Central and nationally. Local access for children is above the average for both NHS South Central and England; though access for adults is below the England average.

The PCT has set up a dental helpline for patients to call if they are experiencing difficulties finding an NHS dentist and regularly updates the information on NHS choices website [www.nhs.uk](http://www.nhs.uk). As part of the strategic framework we will ensure that the public know how to find a dentist more easily in the future.
**Outcome 2. Improve Oral Health of the Population**

Oral health is important to the health and well being of both children and adults. Choosing Better Oral Health (DH 2005) provides key guidance to help us prevent oral disease and promote and protect oral health. It is important to remember that all oral health diseases – dental decay (caries), periodontal disease and oral cancer are preventable.

There are a number of measures the PCT can use to reduce oral health disease; one way to dramatically improve the oral health of a population is to introduce water fluoridation. The PCT will need to consider this measure, working closely with NHS South Central Strategic Health Authority and neighbouring PCTs to assess the feasibility of water fluoridation as a public health measure for Oxfordshire.

A more detailed summary of our local oral health profile can be found in section three.

**Outcome 3. Reduce Health Inequalities relating to oral health and dental care**

Some population groups experience poorer oral health. This strategic commissioning framework aims to reduce local inequalities and provide everyone with opportunity for good health. Our three key priority groups are:

- Children
- Older People
- Vulnerable & disadvantaged groups

We know poor oral health is closely linked with deprivation a map in Appendix B indicates current deprivation levels in Oxfordshire.

**Outcome 4. Improve Patient Experience of dental care**

Patients are often unsure about what to expect from their dentist and although most dentists communicate well with their patients, a number of dentists could give patients clearer messages about the NHS treatment options available and the way these are charged. The new patient charge bands were introduced to make these charges clearer for patients and further work is required to ensure all NHS dentists and their
staff provide the quality and range of treatments expected under the terms of the new contract. In turn patients and the public must take responsibility for maintaining their oral health and attending appointments for dental care.

Where patients are anxious or have high dental needs the PCT needs to consider how to best commission services which meet these needs and support these groups of patients to improve their confidence in dental services and consequently improve the oral health of the population.

Patients should be able to expect that the quality of dentistry they receive under the NHS is not substandard and contract monitoring should not focus purely on the delivery of Units of Dental Activity (UDAs), considering the quality of care provided as well.

**Outcome 5. Gain best value and use of dental resources**

Through this strategic framework for dentistry the PCT has the opportunity to establish high quality dental services and ensure evidence based practice is in place to deliver and promote better oral health. Commissioning decisions will be based on evidence of clinical and cost-effectiveness.

Workforce changes will widen the scope of practice for dental care professionals such as dental therapists, freeing dentists to provide more complex dental care. The gross dental budget for 2008-09 will be £25m and it is anticipated that cost improvements could be made through delivering Outcome 6.

**Outcome 6. Develop specialist provision in primary care settings**

Many dentist have skills, knowledge and competency to provide more specialist care outside of hospital settings. If the PCT were to harness these skills by commissioning delivery from dentists with special interests (DwSI) some patients may not need to be referred to hospital to be seen by a consultant. Providing specialist care in primary care settings is not just about reducing costs, but should improve access for local people and would help the reduction of waiting times for hospital based care.
3. Needs Assessment

This provides a summary of the current oral health profile of Oxfordshire.

- **Our population:** 632,000 people live in Oxfordshire

- **Young people:** Oxfordshire has a higher proportion of young people, 14.7% (93,100 people) compared to the national average of 13.2%. This is mostly attributable to Oxford City where 15-24yrs olds make up 26% of the population.

- **Ethnicity:** 4.9% of the population in Oxfordshire are from Black and Ethnic Minority groups. In Oxford City this proportion increases to 12.4% and 10.9% in some areas of Banbury.

- **Deprivation:** There are 13 Super Output Areas (SOAs) in Oxfordshire that are in the most 20% deprived in England. Ten are in Oxford City and three in Cherwell district.

- **Rurality:** Oxfordshire is the most rural county in the South East region - almost half (46%) of people live in settlements of less than 10,000 people.

**Oral health needs of children & young people in Oxfordshire**

![Figure 2. Mean decayed, missing and filled teeth (dmft) in children 2005](image-url)
As seen above in figure 2, overall the dental health of children in Oxfordshire is good in comparison with other PCTs in NHS South Central and England.

Amongst children in Oxfordshire each has on average 1.07 decayed, missing, filled teeth (dmft) by the age of 5.

In those children with decay on average each have 3.22 decayed, missing or filled teeth by the age of 5.

Figure 3: Mean dmft for children with experience of decay 2001-2005

Figure 3. above illustrates that children living in Oxford City experience the most dental decay, however those living in South West and South East Oxfordshire appear to have increasing levels of dental decay.

Approximately 33% of children within the Oxfordshire are likely to require orthodontic treatment to correct irregularities in the functionality and appearance of their teeth, approximately 2,500 will seek such treatment. 704 children aged 0-19yrs had orthodontic outpatient appointments during 2005/06, 42 of which had an orthodontic appliance inserted. During 2007/08 there were 4,957 orthodontic assessments in primary care, in addition 1,628 orthodontic treatments started and 1,319 treatments completed.

Each year some children will require extensive treatment for cleft palate and/or lip, in 2005/06 43 children between the ages of 0-19yrs received inpatient treatment for cleft palate and/or lip.
Further information is required on Looked after Children locally, 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 a number of children in Oxfordshire are listed to have teeth extracted under general anaesthesia at ORHT. 284 children aged 0-19yrs had their teeth extracted in hospital in Oxfordshire during 2005/06 as a primary procedure. In April-June 2007 62 had their teeth extracted, 12 of whom were aged under 5 years. Twenty nine children had multiple teeth extractions in the same 3 months, of whom 7 were aged under 5. Many more children will have extractions undertaken using local anaesthesia in primary care settings.

The Oxfordshire Salaried Primary Care dental service is currently undertaking the latest needs assessment on childrens’ oral health, the results of which will inform future commissioning priorities for this group of the population in future years.

Oral health needs of adults in Oxfordshire

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.

Gum disease is a major cause of tooth loss in adults. The last national adult oral health survey was in 1998, but it is estimated that 54% of the adult population in England, have a significant level of gum disease. Gum disease has been linked to poor systemic health including cardiovascular disease.

As more elderly 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 pre-malignant lesions in the mouth (white patches and non-healing ulcers) and dietary factors.

In 2006/07 ninety four Oxfordshire residents were treated for head and neck cancer which includes oral cancer. These people will often require extensive restorative dental treatment after their cancer therapy.

**Oral health needs of our vulnerable population groups**

Vulnerable population groups often experience poorer oral health and can have more difficulty in gaining access to dental care services. We need to ensure that local services target these vulnerable groups to ensure they have an equal chance of good oral health. Our vulnerable populations include:

**People in areas of material and social deprivation**

People in these localities have much higher levels of tooth decay. We need to ensure people living in these areas of Oxfordshire have good access to preventative dental care.

**People with mental health problems**

People with a mental illness tend to have fewer teeth, more untreated decay and more periodontal disease than the general population. There are currently 5144 people registered with GP practices in Oxfordshire who experience severe mental ill health, including schizophrenia, bipolar affective disorder and other psychoses.

**People who are homeless**

Homeless people are more likely to experience poor oral health. In 2005/06 there were 250 young people aged 16-17 yrs who were homeless in Oxfordshire. In addition approx 350 single homeless people will be housed in hostels and night shelters each night.

**People with an impairment or disability**

Adults and children with impairment or disability that make diagnosis, experience or treatment of dental disease challenging are a special group at risk. For example there
are currently 2000 people with learning disabilities are known to the Oxfordshire learning disabilities team. However it is estimated that at least 4000 people with moderate to severe learning disabilities are living in the county. There are currently 450 children and 1790 adults with a disability in Oxfordshire who are supported by Social and Community Services.

Oxfordshire Salaried Primary care dental service have been tasked to undertake a comprehensive needs assessment of this vulnerable population group during 2008.

**People in long term institutional care**

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. There are:

- 606 communal establishments in Oxfordshire
- 14.5% of Oxfordshire population is age 65 and over (highest in South East Oxfordshire)
- 3.2% live in nursing/residential homes
- Projected 20% increase in over 65’s in the next 10 years, with the largest increases expected in the southern half of the county

Oxfordshire Salaried Primary care dental service have recently undertaken an audit of oral health needs in 116 nursing homes in Oxfordshire and only half have access to routine dental care. Further work is now being undertaken to develop a more comprehensive assessment of the oral health needs of older people.

**People with high-risk infections**

These include people living with HIV. There are currently 368 people known to be living with HIV in Oxfordshire PCT. The majority of people with HIV can receive treatment in general dental practice with little need for specialist interventions.

**People with some medical conditions**

Some medical conditions, particularly long term chronic conditions and those who are immuno-compromised, can place people at risk during dental treatment or increase
their risk of dental disease. For example people with eating disorders may experience problems with tooth erosion. In addition people with chronic diseases on multiple long term medications may have problems with a dry mouth. In particular diabetics may experience oral health problems as well as other long term complications, about 2.9% of the population suffer from diabetes, and the incidence is rising.

**People in prisons**

Primary Care Trusts have responsibility for the commissioning of health services to prisons in their areas, including oral health services. Oxfordshire PCT has two prisons within its boundaries:

- Huntercombe Young Offenders Institute in Nettlebed which houses approx 360 young men aged 15-17. Approximately 550 patients will have received treatment in 2007/08 as there is a high turnover of young offenders.

- Bullingdon Prison in Bicester which houses up to 929 male inmates. About 500 inmates were seen in 2007/08 by the dentist who visits the prison.

Many of these vulnerable people will be able to maintain good oral health and obtain dental treatment without extra support. Others may require help with accessing appropriate dental care. These patients and/or their carers may also require special advice about maintaining good levels of oral health.

**Improving our populations oral health**

Oral health is important to the health and well being of both children and adults. Choosing Better Oral Health (DH 2005) provides key guidance to help us prevent oral disease and promote and protect oral health. It is important to remember that all oral health diseases – dental decay (caries), periodontal disease and oral cancer are preventable.
Key factors which affect oral health and what we can do in Oxfordshire

- **Diet and nutrition**
  
  High levels of sugar consumption are the most significant factor in developing dental decay. In addition drinking large amounts of fizzy drinks risks tooth erosion.

  *We need to improve people’s diets and reduce their sugar intake*

- **Poor oral hygiene**
  
  Regular brushing of the teeth and gums from an early age with a fluoride toothpaste will help to prevent tooth decay and periodontal disease.

  *We need to encourage better preventative dental care*

- **Exposure to fluoride:**
  
  Lack of exposure to fluoride can increase the risk of tooth decay every time sugary foods and drinks are consumed. *We need to increase the use of fluoride*

- **Tobacco and alcohol**
  
  Smoking increases the severity of periodontal disease and is one of the main risk factors for oral cancer. Smoking combined with excessive consumption of alcohol can lead to a 30 times greater risk of oral cancer.

  *We need to continue to reduce smoking and increase the early detection of mouth cancer.*

- **Dental injury**
  
  The health of teeth can be compromised by traumatic injury, children and those that play contact sports are at particular risk. *We need to reduce dental injuries*

- **Medical conditions**
  
  Many medical conditions, particularly chronic conditions can cause poor oral health in adults and children.

  *We need to ensure people with long term conditions have good access to dental care*
Oxfordshire PCT will commission an oral health promotion work programme which addresses these key factors, targeting those population groups most at risk, particularly children, vulnerable adults and older people.

**Principles of good practice**

Oxfordshire’s oral health promotion work programme needs to be underpinned by key principles of good practice including:

**Partnership working**

Key partners in oral health promotion include health professionals, childcare and education services, social care professionals and the voluntary sector.

**Evidence based practice**

Delivering better oral health: an evidence based toolkit for prevention (DH 2007) provides clear guidance about which interventions are effective in promoting oral health and preventing oral disease.

**A targeted population approach**

This involves identifying population groups at greatest risk of poor oral health and targeting strategies to reduce their average level of risk. The aim of this approach is to reduce oral health inequalities and ensure everyone has an equal chance of good oral health.

**Complimentary public health activities**

Key strands of public health action need to interlink to ensure effective action to improve oral health. This includes promoting oral health through public policy, creating supportive environments, developing personal skills, strengthening community action and re-orientating oral health services

**Evaluation**

This is a challenging but important area of practice. Sufficient resources and appropriate methods should be focused upon the monitoring and evaluation of our oral health work programmes.
**Patient Experience**

The PCT Patient Advice and Liaison Service (PALS) monitors the number and type of calls received and during the last year they received 1081 calls, 60% of all calls, about dental care ranging from where to find a dentist, questions about dental charges and asking for information about the care received. Since September 2007 callers have been asked to provide information on their postcode as well as the nature of the call. The postcode information has been used to understand where the public experience the greatest problems accessing NHS dentistry.

In September 2007 the local PPIF undertook a survey of public views on dental access in south Oxfordshire. Their recommendations included:

- Provision of accessible information on availability of NHS dental care
- Revision of current contracts to benefit the most needy and vulnerable patients
- Provision of effective dental health promotion for children and communities
- Review of the levels of access to specialist treatment
- Promote patients rights and responsibilities to attend appointments and comply with treatment

The PCT has considered these recommendations and the views expressed by dentists, who responded to a parallel survey, in the development of this framework.
4. Where are we now? – current services

Primary Care Dental Services

The term ‘primary dental care’ refers to the work undertaken by dentists and other dental care professionals (hygienists, therapists, nurses and technicians) both in general practice and (to a lesser extent) in community services run directly by PCTs or other NHS organisations. Primary dental care encompasses the main dental care and treatment needed to maintain good oral health. This includes providing treatments such as fillings and extractions, as well as fitting bridges and dentures, and advice on how to look after teeth and gums in order to prevent oral health problems occurring.

General Dental Services (GDS) and Personal Dental Services (PDS)

Most primary dental care is provided by self-employed dentists or corporate bodies that hold contracts with the NHS. These contracts can either be under the General Dental Services Regulations (GDS) or Personal Dental Service Regulations (PDS). These practices typically provide a mixture of NHS and private care. NHS dental treatment is commissioned and monitored using Units of Dental Activity (UDAs) provided linked to the three bands of treatment used to calculate the charges made to patients for NHS dental care.

In Oxfordshire there are 106 dental service providers and the PCT commissioned 725,363 UDAs in 2007/08 from these contracts. Nine practices provide positions for newly qualified dentists under the Vocational Training scheme jointly commissioned with the Postgraduate Dental Deanery, and it is anticipated that there will be an increase in the number of places needed for newly qualified dentists.

Directly provided dental services

Community Health Oxfordshire hosts the salaried primary care dental services, who provide specialised care for particular groups (such as specialist paediatric dentistry, homeless people, patients with mental health problems and those patients with
physical or learning disabilities) and access to in and out of hours emergency dental care.

The service provides dental treatment under general anaesthetic through an agreement with the Oxford Radcliffe Hospitals. This enabled the service to provide 380 paediatric treatments and 64 Adult treatments under anaesthetic during 2007/08.

**Out of Hours Emergency Dental Services**

The PCT has a responsibility to ensure an adequate level of OOH urgent care is made available. The Out of Hours service operates between 6:30pm and 10:00pm each weekday and 10:00am – 10pm weekends and bank holidays. This is accessed via a telephone service that offers triage and advice. Appointments for treatment are made for those requiring them. In 2007/08 there were 7749 patient contacts with this service.

**In hours unscheduled care** (DAC & mini PDS)

To enable patients to access emergency care during weekdays the PCT has commissioned services from 8 Dental Access Centres and 2 emergency dental mini PDS providers.

**Prisons**

The PCT commissions prison health services for two sites, Huntercombe Young Offender Institute in South Oxfordshire and Bullingdon Community Prison near Bicester. Both facilities have NHS dental care provision. At Huntercombe 550 patients received treatment in 2007/08, whilst 500 inmates were seen by the dentist who visits the Bullingdon Prison.

**Dental access**

The PCT currently commissions 725,636 Units of Dental Activity (UDAs) and this is 1.15 UDA per head of population and currently 42% of the population of Oxfordshire has seen an NHS dentist in the last two years. There is variation across the county and this does not take into account levels of deprivation or health inequality.
If the PCT is to increase access it must identify the areas of priority to make the best use of resources.

To assess the level of unmet dental need and future need for additional access to NHS dentistry in Oxfordshire we can use some proxy indicators:

- Dental Calls to PCT looking for NHS dentist by postcode
- Number of patients contacting Emergency dental services by postcode
- Number of Multiple extractions for children under GA by postcode
- Increase in population due to housing developments
- Percentage of children seen by an NHS dentist per population

These indicators suggest that areas of greatest need are:

- Banbury (OX16)
- Oxford (OX3, OX4)

with consideration given to development of new practices in areas where new housing is planned.

It is known that many people are prepared to travel to access NHS dental care, it is also known that many people choose to access services close to their work rather than home. This makes the mapping of services to population needs very difficult. Dentists have often chosen to set up a practice in a town rather than a rural community to make the business viable.

Some mobile population groups such as families of armed forces personnel may find it difficult to access regular dental care due to the transitory nature of postings. There are four MOD bases in the county: Brize Norton, Benson, Bicester & Dalton Barracks, Abingdon with approximately 8000 forces personnel countywide.

**Patients with special needs**

Special Care Dentistry is concerned with providing and enabling the delivery of oral care for adults with an impairment or disability. The Joint Advisory Committee for Special care Dentistry defined the speciality as the improvement of oral health of
individuals and groups in society who have physical, sensory, intellectual, mental, medical, emotional or social impairments or disability or, more often, a combination of a number of these factors. The provision of care for this group of people is often more complex and time consuming as a result of their disability and the issues of informed consent may present an additional challenge. A holistic approach is required to meet the complex needs of this group of patients.

**Oral Health Promotion**

The PCT commissions an oral health promotion work programme from the Oxfordshire Salaried Primary Care Dental services. This includes clinical and non-clinical oral health promotion which targets those populations with the poorest oral health.

**Specialist dental services**

Primary dental care can also include more specialist services, such as orthodontics (straightening teeth), minor oral surgery, domiciliary care, and sedation (easing anxiety). These services are usually provided by referral to another general dental practitioner or to a Dentist with Special Interests. There are 12 specialist lists held by the General Dental Council (GDC).

**Orthodontics**

There are currently ten primary care Orthodontic Providers who receive referrals from GDPs for assessment and if appropriate orthodontic treatment with braces etc. Following national guidance the PCT only routinely commissions treatment from orthodontists for patients with an Index of Orthodontic treatment need (IOTN) of 4 or 5, in line with Priorities forum policy 96 Orthodontic thresholds February 2007. For those below this score the PCT reviews patients on an individual case review basis. Current spend on primary care orthodontics = £2.2m and the PCT contracted for 41,060 Units of Orthodontic Activity in 2007/08.
Primary Care Minor Oral Surgery

The PCT has worked with the secondary care to review the appropriateness of referrals made by GDPs for patients needing Minor Oral Surgery (MOS) and has been able to reduce the waits for treatment by commissioning Minor Oral surgery in primary care settings. Now that the principle is established that many patients can be appropriately seen outside of hospital there is scope to commission further services. 154 sessions of Minor Oral Surgery were provided in primary care during 2007/08.

Primary Care Restorative services

Restorative Dentistry is concerned with the restoration of diseased, injured or abnormal teeth to normal function and includes the mono-specialities of:

- Periodontics (diagnosis and treatment of diseases of the gums and tissues supporting teeth)
- Endodontics (includes root canal treatment)
- Prosthodontics (provision of crowns, bridges and dentures)

Many aspects of restorative dentistry should be routinely managed in primary care by GDPs, but where patients present with more complex problems referral to a more specialist service maybe indicated. A restorative service in primary care is provided at East Oxford Health Centre and there is the potential to include more mono-specialty services in primary care. In the last year 368 patients were seen by the service for restorative dental treatment and advice to practitioners.

Domiciliary

Due to the very nature of dental care it is difficult to carry out treatment outside a normal surgery setting. There are limited domiciliary services for emergency care of patients who are unable to attend a dental surgery and a clear assessment process has been introduced by the salaried dental service. A needs assessment has been carried out via a survey of Nursing Homes in Oxfordshire. Three quarters had access to emergency dental care for their residents, half had access to routine dental care, only 18% had access to domiciliary care. “Meeting the Challenges of Oral Health in
Older people provides standards for nursing homes which includes assessment of the oral health risk for clients they care for. Interim figures for 2007/08 suggest that 360 patients were seen at home by a dentist. This is a more costly way to provide services as for every patient seen in a home setting three patients could be seen in a dental clinic. The treatment needs of the patient also have to be considered as the type of treatment may be limited when provided in a patient’s home.

**Conscious Sedation and Treatment under General Anaesthetic**

Dental sedation is the procedure of relaxing dental patients using drugs without inducing the complete loss of consciousness. Dental sedation maybe used due to levels of high patient anxiety and as an alternative to a General Anaesthetic (GA). 302 paediatric patients and 64 adults were treated under GA by the salaried dental service in 2007/08.
5. Priority Issues and need for change

Outcome 1. Improved access to NHS dentistry

It is recognised that improving access is the highest priority and therefore many year one activities are related to this outcome

Commissioning priorities

a. Commission new dental access in areas of greatest need currently Banbury and Oxford, particularly OX3 & OX4

b. Improve signposting information and communication plans to gain better awareness of availability of NHS dentistry, using parish magazines, CAB, district councils.

c. Develop contacts with local armed forces bases to ensure information about how to access dentistry is available to forces families

d. Develop contracting models for new practices to support patients with high dental needs to provide intensive treatment to enable patients to become dentally fit

e. Monitor year on year increase in dental access with the aim that 55% of the population will have been seen by an NHS dentist during the 24 month period ending 31st March 2013

Outcome 2. Improved Oral Health for the local population

Commissioning priorities

a. Continue to build upon our local understanding of oral health needs by completing oral health needs assessments of older people and vulnerable groups and updating our childrens oral health profile.

b. Integrated oral health promotion work programme targeting vulnerable children, including targeted interventions in selected childrens centres and primary schools

c. Increase evidence based fluoride exposure interventions e.g. fluoride varnishes

d. Develop and agree key performance indicators for the integrated oral health promotion work programme
e. Work with NHS South Central and other neighbouring PCTs, to assess the feasibility of water fluoridation and consider the options for Oxfordshire

f. Develop a social marketing campaign for the public about oral health and NHS dental treatment, dispelling myths and understanding why people don’t want to visit a dentist.

g. Depending on the outcome of the feasibility study undertake a public consultation exercise water fluoridation in Oxfordshire

h. Develop targeted oral health improvement outreach programmes for older people and vulnerable populations

i. Building community capacity to promote and protect oral health by widening the knowledge and skills of families and carers to deliver improved oral health in partnership with health professionals

j. Identify key partners to support delivering good oral health and link to other PCT strategies for children and older people and health promoting strategies e.g. alcohol, drugs, smoking, obesity, diet and nutrition

k. Run a pharmacy campaign on fluoride toothpaste in pharmacies linked to the pharmacy contract

l. Develop a scheme to incentivise the introduction of best practice in oral health promotion by dental practices in Oxfordshire

m. Establish better links with institutions e.g. prisons, nursing homes, residential care homes to improve oral health education and support following oral health assessment

n. Evaluate impact of oral health promotion programme

**Outcome 3. Reduced health inequalities relating to dental care, with priority focus on children, older people and vulnerable groups**

Achievement of interventions to support Outcome 2 will contribute to achievement of this outcome.
Commissioning priorities

a. Explore outcomes and health promoting schemes, including targeted fluoride varnish treatments in dental contracts and commission a service in an area of high deprivation to test the model

b. Review children only contracts to support improved dmft values

c. Integrating preventative dental care into other programmes for vulnerable groups e.g. childrens centres and extended schools

d. Explore links with Equitable Primary Care Access project to support commissioning of new dental services

e. Develop a post in Special Care dentistry to improve dental care for vulnerable groups of the population in association with the Salaried Dental service

f. Extend scope of domiciliary service informed by the needs assessment of older people and vulnerable populations

Outcome 4. Improved patient experience in dental care

Commissioning priorities

a. Work with Patient and Public Involvement groups, LINKs, CAB, citizens panels and others to develop patient feedback on NHS dental services in Oxfordshire

b. Continue to monitor patient comments on NHS dental services in Oxfordshire to inform future service redesign

c. Support development Dental Clinical Governance including clinical audit as part of the NHS dental contract

d. Support poorly performing practices to improve performance and quality

e. Develop clinical quality markers and benchmark practices with the aim of use of NHS branding e.g. access for new NHS patients, physical access to premises, patient feedback, meeting Healthcare Commission standards, evidence of Continuing Professional Development, Achievement of BDA good practice award, satisfactory Dental Reference Officer report.
f. Introduce induction packs for new dentists

g. Improve access to patient information about dentistry using websites, parish council magazines, libraries etc.

Outcome 5. Best value and use of current dental budgets and make the case for further investment in NHS dental services

Commissioning priorities

a. Refine contract monitoring systems to ensure early warning where remedial action is required

b. Use dental capital expenditure to improve NHS dental services in terms of access and quality

c. Develop a clear procurement plan and team skills for commissioning new dental services

d. Work with the Dental deanery to develop the dental workforce of tomorrow by increasing Vocational training practices and dental nurse development

e. Support improved IM&T in practices to improve communication with PCT via email, electronic transmission of data to the Dental Services Authority and links to Connecting for Health projects.

Outcome 6. Dental services in secondary care and where appropriate develop alternative provision in primary care settings

Commissioning priorities

a. Undertake a skills audit of local dental workforce

b. Develop the Dental Referral Bureau to support appropriate use of dental services and identification of gaps in service provision (monitoring via RTT 18 week target, numbers of referrals etc.)

c. Work with secondary care and primary care specialists to agree clear dental care pathways and guidelines for referring practitioners.
d. Link with the Deanery to develop accreditation schemes for dentists with a special interest, testing the principles for a DwSI in Endodontics

e. Develop a service specification and procurement plan for an Advanced Endodontics service in primary care.

f. Review current provision of primary care orthodontics, MOS and restorative services using clinical networks and consider investment levels for these services in the future.

g. Review needs and arrangements for dental care and advice of inpatients
6. Finance & Risk

The NHS Operating Framework 2008/09 has set the PCT an objective of a year-on-year increase in the number of people receiving NHS dental care and reinforces the expectation that PCTs will deploy resources in ways that expand dental services.

For the coming year 2008/09 the PCT resource allocation for NHS dental services will increase by 11.6%, net of patient charges. In addition NHS South Central Strategic Health Authority is retaining 2% to be spent on Oral Health Promotion projects, against which the PCT will be able to bid. The PCT is in the process of completing end of year reconciliations of current contracts and it is anticipated that some contract value will be released due to underperformance on 2007/08 contract. The PCT also intends to produce a Dental Capital Scheme in 2008/09 to support improvements in dental facilities to improve access and quality of NHS dentistry.

This additional resource will enable the PCT to commission additional services in areas which have high dental need as outlined in this document. Table 1 outlines the proposed spending plans for 2008/09 which include the commissioning of new dental services.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>£000's</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recurrent underspend b/f to cover 07/08</td>
<td>900</td>
</tr>
<tr>
<td>(revenue consequences of capital spend)</td>
<td></td>
</tr>
<tr>
<td>11.6% Net Growth</td>
<td>1,734</td>
</tr>
<tr>
<td><strong>Total Uncommitted funds</strong></td>
<td>2,634</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Forecast Commitments</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue consequences of 2007-08 Capital Grants</td>
<td>710</td>
</tr>
<tr>
<td>(Gross £945 less £236k PCR)</td>
<td></td>
</tr>
<tr>
<td>DDRB Inflation uplift @ 3.4%</td>
<td>683</td>
</tr>
<tr>
<td>Revenue consequences of 2008-09 Capital Grants</td>
<td>178</td>
</tr>
<tr>
<td>Expenditure to support dental service commissioning</td>
<td>1,063</td>
</tr>
<tr>
<td><strong>Total Commitments</strong></td>
<td>2,634</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Capital</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Allocation in PCT 2008-09 Capital Programme</td>
<td>225</td>
</tr>
<tr>
<td>Primary Care Dental</td>
<td>120</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>345</td>
</tr>
</tbody>
</table>

Table 1. 2008-09 Dental budgetary proposals
Services from new dental providers must be procured through an open tender process and a dental commissioning and procurement process will be developed in line with PCT Standing Financial Instructions.

The commissioning decisions made for NHS dental services should ensure flexibility for the longer term as well as meeting immediate needs. The focus should be on achieving improved oral health and access gain through quality services – offering the evidence based prevention outlined in the preventive toolkit *Delivering Better Oral Health* as well as restorative treatment.

**Assumptions**

i. PCT dental resource allocations are net of patient charges, these will vary dependent on the mix of charge-paying and exempt patients seen in an area. The PCT has an indicative Patient Charge Revenue (PCR) of £6,158K.

ii. Linked to the additional resources there is an indicative number of Units of dental Activity (UDAs) for Oxfordshire PCT of 762,358 UDAs per annum.

iii. The allocation excludes costs associated with Vocational Training as these are made via separate funding arrangements with the NHS South Central and Postgraduate Dental Deanery.

**Risks**

The following initial risks have been identified and for each stage of implementation of the delivery plan a more in depth risk analysis will be undertaken:

i. Insufficient PCR recovery, as charge revenue will depend on the mix of child and adult dental service provision.

ii. Insufficient existing Manpower Resource to implement Strategy

iii. Funds not available from within existing PCT budgets where assumed

iv. Reduction in allocation for 2009/10 and beyond by the SHA due to delays in the implementation of strategy by the PCT and low utilisation of current growth
## 7. Delivery and Implementation plan

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Action</th>
<th>Lead</th>
<th>Outcome measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Improved access to NHS dentistry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.a</td>
<td>Commission new dental access in areas of greatest need, currently Banbury and Oxford</td>
<td>PCCT</td>
<td>1 new contract set up in Banbury by 31st March 2009 1 new contract set up in Oxford by 31st March 2009 Number of new contracts agreed/additional UDAs commissioned Number of patients seen by an NHS dentist increases year on year Increased in % population seen by NHS dentist to 55% by 2013</td>
</tr>
<tr>
<td>1.b</td>
<td>Improve signposting information and communication plans to gain better awareness of availability of NHS dentistry, using parish magazines, CAB, district councils</td>
<td>Comms &amp; PCCT</td>
<td>Dental Information in Pharmacy signposting document by March 2009 Number of articles on NHS dentistry in Parish Magazines and local council newsletters Article in PCT newsletter Number of articles in local media including NHS dental helpline number and nhs.uk information</td>
</tr>
<tr>
<td>1.c</td>
<td>Develop contacts with local armed forces bases to ensure information about how to access dentistry is available to forces families</td>
<td>PCCT</td>
<td>Meeting held with contact at each of main bases Signposting Information on CD-Rom to link to forces information</td>
</tr>
<tr>
<td>1.d</td>
<td>Develop contracting models for new practices to manage patients with high dental needs with intensive treatment to enable patients to become dentally fit</td>
<td>PCCT</td>
<td>2 new practices targeting dental high needs with intensive treatment model by March 2009</td>
</tr>
<tr>
<td>1.e</td>
<td>Review contracts and gaps using data from calls to helpline and EDS usage</td>
<td>PCCT</td>
<td>Revised plan for priorities for dental contracts from April 2009 in place</td>
</tr>
<tr>
<td>2. Improved Oral Health for the local population</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.a</td>
<td>Continue to build upon our local understanding of oral health needs by completing oral health needs assessments of older people and vulnerable groups and updating our children’s oral health profile.</td>
<td>PH</td>
<td>Oral health needs assessment completed for older people by Jan 2009 Oral health needs assessment completed for vulnerable people by Jan 2009 Oral health profile for children updated by Jan 2009</td>
</tr>
<tr>
<td>2.b</td>
<td>Integrated oral health promotion work programme targeting vulnerable children, including targeted interventions in selected children’s centres and primary schools</td>
<td>PH</td>
<td>Oral health promotion commissioning plan agreed by July 2008 and quarterly progress reports made</td>
</tr>
<tr>
<td>2.c</td>
<td>Increase evidence based fluoride exposure interventions e.g. fluoride varnishes</td>
<td>PH</td>
<td>Number of fluoride varnish programmes commissioned</td>
</tr>
<tr>
<td>Outcome</td>
<td>Action</td>
<td>Lead</td>
<td>Outcome measure</td>
</tr>
<tr>
<td>---------</td>
<td>--------</td>
<td>------</td>
<td>-----------------</td>
</tr>
<tr>
<td>2.d</td>
<td>Develop and agree key performance indicators for the integrated oral health promotion work programme</td>
<td>PH</td>
<td>KPIs for oral health promotion agreed and reported quarterly</td>
</tr>
<tr>
<td>2.e</td>
<td>Work with NHS South Central and other neighbouring PCTs, to assess the feasibility of water fluoridation and consider the options for Oxfordshire</td>
<td>PH</td>
<td>Feasibility report published</td>
</tr>
<tr>
<td>2.f</td>
<td>Develop a social marketing campaign for the public about oral health and NHS dental treatment, dispelling myths and understanding why people don’t want to visit a dentist</td>
<td>Comms</td>
<td>Commissioned social marketing campaign by March 2009</td>
</tr>
<tr>
<td>2.g</td>
<td>Depending on the outcome of the feasibility study undertake a public consultation exercise water fluoridation in Oxfordshire</td>
<td>PH</td>
<td>If water fluoridation in Oxfordshire feasible</td>
</tr>
<tr>
<td>2.h</td>
<td>Develop targeted oral health improvement outreach programmes for older people and vulnerable populations</td>
<td>PH</td>
<td>At least two oral health improvement programmes delivered targeting older people and vulnerable groups by March 2009</td>
</tr>
<tr>
<td>2.i</td>
<td>Building community capacity to promote and protect oral health by widening the knowledge and skills of families and carers to deliver improved oral health in partnership with health professionals</td>
<td>PH</td>
<td>At least one project developed and delivered to build community capacity to promote and protect oral health by March 2010</td>
</tr>
<tr>
<td>2.j</td>
<td>Identify key partners to support delivering good oral health and link to other PCT strategies for children and older people and health promoting strategies e.g. alcohol, drugs, smoking, obesity, diet and nutrition</td>
<td>PH</td>
<td>Oral health interventions integrated within at least two PCT strategies by March 2009</td>
</tr>
<tr>
<td>2.k</td>
<td>Run a pharmacy campaign on fluoride toothpaste in pharmacies linked to the pharmacy contract</td>
<td>PH</td>
<td>Pharmacy campaign undertaken</td>
</tr>
<tr>
<td>2.l</td>
<td>Develop a scheme to incentivise introduction of best practice in oral health promotion by dental practices in Oxfordshire</td>
<td>PH</td>
<td>Reward scheme devised and in place by March 2010</td>
</tr>
<tr>
<td>2.m</td>
<td>Establish better links with institutions e.g. prisons, nursing homes, residential care homes to improve oral health education and support following oral health assessment</td>
<td>PH</td>
<td>Number of oral health promotion programmes run in prisons</td>
</tr>
<tr>
<td>2.n</td>
<td>Evaluate impact of oral health promotion programme</td>
<td>PH</td>
<td>Number of oral health projects evaluated</td>
</tr>
<tr>
<td>Outcome</td>
<td>Action</td>
<td>Lead</td>
<td>Outcome measure</td>
</tr>
<tr>
<td>---------</td>
<td>--------</td>
<td>------</td>
<td>-----------------</td>
</tr>
<tr>
<td><strong>3. Reduced health inequalities relating to dental care, with priority focus on children, older people and vulnerable groups</strong></td>
<td>3.a</td>
<td>Explore outcomes and health promoting schemes, including targeted fluoride varnish treatments in dental contracts and commission a service in an area of high deprivation to test the model</td>
<td>PH</td>
</tr>
<tr>
<td></td>
<td>3.b</td>
<td>Review children only contracts to support improved dmft values</td>
<td>PH</td>
</tr>
<tr>
<td></td>
<td>3.c</td>
<td>Integrating preventative dental care into other programmes for vulnerable groups e.g. childrens centres and extended schools, prisons</td>
<td>PH</td>
</tr>
<tr>
<td></td>
<td>3.d</td>
<td>Explore links with Equitable Primary Care Access project to support commissioning of new dental services</td>
<td>PCCT</td>
</tr>
<tr>
<td></td>
<td>3.e</td>
<td>Develop a post in Special Care dentistry to improve dental care for vulnerable groups of the population</td>
<td>PCCT</td>
</tr>
<tr>
<td></td>
<td>3.f</td>
<td>Extend scope of domiciliary service informed by the needs assessment of older people and vulnerable populations</td>
<td>PCCT</td>
</tr>
<tr>
<td><strong>4. Improved patient experience in dental care</strong></td>
<td>4.a</td>
<td>Work with Patient and Public Involvement groups, LINks, CAB, citizens panels and others to develop patient feedback on NHS dental services in Oxfordshire</td>
<td>PPI</td>
</tr>
<tr>
<td></td>
<td>4.b</td>
<td>Continue to monitor patient comments on NHS dental services in Oxfordshire to inform future service redesign</td>
<td>GOV</td>
</tr>
<tr>
<td>Outcome</td>
<td>Action</td>
<td>Lead</td>
<td>Outcome measure</td>
</tr>
<tr>
<td>---------</td>
<td>--------</td>
<td>------</td>
<td>-----------------</td>
</tr>
<tr>
<td>4.c</td>
<td>Support development Dental Clinical Governance including clinical audit as part of the NHS dental contract</td>
<td>PCCT</td>
<td>All Dental practices have completed one audit annually All dental practices have completed Clinical Governance self assessment by March 2009</td>
</tr>
<tr>
<td>4.d</td>
<td>Support poorly performing practices to improve performance and quality</td>
<td>GOV</td>
<td>Number of performers/practice with improvement plans</td>
</tr>
<tr>
<td>4.e</td>
<td>Develop clinical quality markers and benchmark practices with the aim of use of NHS branding e.g. access for new NHS patients, physical access to premises, patient feedback, meeting Healthcare Commission standards, evidence of Continuing Professional Development, Achievement of BDA good practice award, satisfactory Dental Reference Officer report.</td>
<td>DPA, PCCT</td>
<td>Review of practice leaflets against Schedule 3 by March 2009 Number of Dental Practice Adviser reports per year Number of Dental Reference Officer visits and reports per year Number of practices have been assessed as meeting the standards for NHS branding by June 2009</td>
</tr>
<tr>
<td>4.f</td>
<td>Introduce induction packs for new dentists</td>
<td>DPA/ PCCT</td>
<td>Packs developed for dentists in Oxfordshire by March 2009</td>
</tr>
<tr>
<td>4.g</td>
<td>Improve access to patient information about dentistry using websites, parish council magazines, libraries etc</td>
<td>Comms</td>
<td>See 1.b</td>
</tr>
<tr>
<td>5.</td>
<td><strong>Best value and use of current dental budgets and make the case for further investment in NHS dental services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.a</td>
<td>Refine contract monitoring systems to ensure early warning where remedial action is required</td>
<td>FCT</td>
<td>Contract monitoring system agreed with contracting team and decision support by September 2009</td>
</tr>
<tr>
<td>5.b</td>
<td>Use dental capital expenditure to improve NHS dental services in terms of access and quality</td>
<td>FCT, PCCT</td>
<td>Expenditure against Dental Capital scheme for 2008/09 agreed by December 2008</td>
</tr>
<tr>
<td>5.c</td>
<td>Develop a clear procurement plan and team skills for commissioning new dental services</td>
<td>FCT, PCCT</td>
<td>Procurement plans for 2008 agreed by July 2008 Procurement team in place by July 2008</td>
</tr>
<tr>
<td>5.d</td>
<td>Work with the Dental deanery to develop the dental workforce of tomorrow by increasing Vocational training practices and dental nurse development</td>
<td>PCCT</td>
<td>Number of Vocational training places increased year on year</td>
</tr>
<tr>
<td>5.e</td>
<td>Support improved IM&amp;T in practices to improve communication with PCT via email, electronic transmission of data to the Dental Services Authority and links to Connecting for Health projects</td>
<td>FCT, PCCT</td>
<td>Number of practices using computerised systems Number of practices with EDI links to Dental services Division Number of practices who can make electronic referrals Number of practices with email/website</td>
</tr>
<tr>
<td>6.</td>
<td><strong>Dental services in secondary care and where appropriate develop alternative provision in primary care settings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.a</td>
<td>Undertake a skills audit of local dental workforce</td>
<td>PCCT</td>
<td>Skills workforce survey sent to practices by March 2009</td>
</tr>
<tr>
<td>Outcome</td>
<td>Action</td>
<td>Lead</td>
<td>Outcome measure</td>
</tr>
<tr>
<td>---------</td>
<td>--------</td>
<td>------</td>
<td>-----------------</td>
</tr>
<tr>
<td>6.b</td>
<td>Develop the Dental Referral Bureau to support appropriate use of dental services and identification of gaps in service provision (monitoring via RTT 18 week target, numbers of referrals etc.)</td>
<td>PSR</td>
<td>Number of appropriate referrals received&lt;br&gt;Achievement of 18 week targets for dental specialties&lt;br&gt;Comparison of referrals by practice and by previous years&lt;br&gt;Number of secondary care dental referrals made using Choose and Book software</td>
</tr>
<tr>
<td>6.c</td>
<td>Work with secondary care and primary care specialists to agree clear dental care pathways and guidelines for referring practitioners</td>
<td>PCCT/PH</td>
<td>Referral guidelines reviewed &amp; circulated to GDPs and GPs by Sept 2008&lt;br&gt;Electronic/CD rom versions available linked to GP referral information March 2009</td>
</tr>
<tr>
<td>6.d</td>
<td>Link with the Deanery to develop accreditation schemes for dentists with a special interest, testing the principles for a DwSI in Endodontics</td>
<td>PCCT/PH</td>
<td>Referral guidelines reviewed &amp; circulated to GDPs and GPs by Sept 2008&lt;br&gt;Electronic/CD rom versions available linked to GP referral information March 2009</td>
</tr>
<tr>
<td>6.e</td>
<td>Develop a service specification and procurement plan for an Advanced Endodontics service in primary care</td>
<td>PCCT/PH</td>
<td>Model for dentists with special interest accreditation agreed with Deanery by Dec 2008</td>
</tr>
<tr>
<td>6.f</td>
<td>Review current provision of primary care orthodontics, MOS and restorative services using clinical networks and consider investment levels for these services in the future.</td>
<td>PCCT/PH</td>
<td>MOS service provision reviewed by March 2009&lt;br&gt;Orthodontics provision reviewed by March 2009&lt;br&gt;Restorative provision reviewed by March 2009</td>
</tr>
<tr>
<td>6.g</td>
<td>Review needs and arrangements for dental care and advice of inpatients</td>
<td>PCCT/PH</td>
<td>Needs assessment for inpatients completed by September 2009</td>
</tr>
</tbody>
</table>

**Key**

<table>
<thead>
<tr>
<th>Commissioning Directorate</th>
<th>CD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication Team</td>
<td>Comms</td>
</tr>
<tr>
<td>Finance &amp; Contracting Team</td>
<td>FCT</td>
</tr>
<tr>
<td>Dental Practice Adviser</td>
<td>DPA</td>
</tr>
<tr>
<td>Decision Support</td>
<td>DS</td>
</tr>
<tr>
<td>Primary Care contracting Team</td>
<td>PCCT</td>
</tr>
<tr>
<td>Public Health directorate</td>
<td>PH</td>
</tr>
<tr>
<td>Providers including Community Health Oxfordshire</td>
<td>PVRs</td>
</tr>
<tr>
<td>Public &amp; Patient Involvement</td>
<td>PPI</td>
</tr>
<tr>
<td>Patient Advice &amp; Liaison Service</td>
<td>PALS</td>
</tr>
<tr>
<td>Governance</td>
<td>GOV</td>
</tr>
<tr>
<td>Thames Valley Primary Care Agency</td>
<td>TVPCA</td>
</tr>
<tr>
<td>Local Dental Committee</td>
<td>LDC</td>
</tr>
</tbody>
</table>
8. Monitoring and Evaluation

How will we know oral health is improving in Oxfordshire?

Example of Key performance indicators

- Number of new contracts agreed/additional UDAs commissioned
- Number of patients seen by an NHS dentist (vital sign indicator)
- % population seen by NHS dentist
- dmft scores in 5 year olds
- number of new dental practice/contracts/UDAs
- Increase in number/% of patients seen
- Number of topical fluoride varnishes applied
- Number of practices with agreed NHS branding standard
- Number of dental practices accredited as oral health promoting practices
- Number of oral health improvement programmes delivered & evaluated
- Number of oral health promotion programmes run in prisons
- Number of oral health promotion programmes run for people with LD and their carers
- Number of oral health promotion programmes run in residential homes
- Number of staff in community hospitals trained in oral health promotion
- Number of children centres supported with oral health promotion
- Number of children identified through childrens centres who have a regular dentist
- Additional domiciliary services commissioned for housebound residents with dental treatment needs
- Advice and training given to carers to support oral health needs of vulnerable patient groups
- Number of items of patient/public feedback received per year
- Number of PALS calls about dental care per year
- Number of complaints about dental service per year
- Number of MP letters received about NHS dentistry per year
- Number of practices using computerised systems
- Number of practices with EDI links to Dental services Division
- Number of practices who can make electronic referrals
- Number of practices with email/website
- Number of Vocational training places increased year on year
- Number of appropriate referrals received
- Number of Dentists with a Special Interest
Appendix A.
Key Documents relating to Dental Service Commissioning

- Options for change - (Department of Health (DH), 2002)
- NHS Dentistry: Delivering Change - (CDO, 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 (DwSIs) (DH, 2004)
- Creating a Patient-led NHS - (DH, 2005)
- Commissioning a Patient-led NHS - (DH, 2005)
- Choosing Better Oral Health - (DH, 2005)
- A Commissioning Tool for Special Care Dentistry: British Society of Disability and Oral Health 2006
- Effective Interventions – Dental Recall (NICE)
- Delivering Better Oral Health an evidence-based toolkit for prevention (DH, 2007)
- Valuing People’s Oral Health: A good practice guide for improving the oral health of disabled children and adults (DH, 2007)
- The operating framework for the NHS in England 2008/09 (DH, 2007)
- NHS Identity scheme for Dental Practices (DH, 2007)
- Commissioning NHS primary care dental services: meeting the NHS operating framework objectives (DH 2008)
Appendix B

Index of Multiple Deprivation 2007 - Lower Super Output Areas (SOAs) in Oxfordshire county

Index of Multiple Deprivation (IMD) score for each LSOA*
The higher the score the more deprived the area

- 33.06 to 43.34 (Most deprived)
- 9.42 to 15.31
- 4.46 to 6.32
- 1.22 to 3.03 (Least deprived)

Super Output Areas (SOAs) are part of a new geographic hierarchy designed to improve the reporting of small area statistics in England and Wales.

LSOAs were first used for IMD 2004 and will eventually have wider application across all national statistics. There are approximately 3-4 LSOAs in each electoral ward: each LSOA contains a minimum of 400 households and an average of 1000 people.


Appendix C

Workshop 4th March to agree priorities for the Strategic Commissioning Framework for Dental Services was attended by:

<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alan Webb</td>
<td>Oxfordshire PCT</td>
</tr>
<tr>
<td>Alison Lockyer</td>
<td>Oxfordshire LDC</td>
</tr>
<tr>
<td>Aly Valli</td>
<td>Oxfordshire PCT</td>
</tr>
<tr>
<td>Anne Munro</td>
<td>Oxfordshire PCT</td>
</tr>
<tr>
<td>Bryan Thompson</td>
<td>Oxfordshire PCT</td>
</tr>
<tr>
<td>Chris Evans</td>
<td>Oxfordshire PCT</td>
</tr>
<tr>
<td>Colin Hobbs</td>
<td>Oxfordshire PCT</td>
</tr>
<tr>
<td>Fred Hucker</td>
<td>Oxfordshire PCT</td>
</tr>
<tr>
<td>Jean Nunn-Price</td>
<td>PPIF</td>
</tr>
<tr>
<td>Jen Dibb-Fuller</td>
<td>PCC</td>
</tr>
<tr>
<td>Joanna Davies</td>
<td>Oxfordshire PCT</td>
</tr>
<tr>
<td>Joanna Russell</td>
<td>CHO</td>
</tr>
<tr>
<td>John Galuszka</td>
<td>Oxfordshire PCT</td>
</tr>
<tr>
<td>Neil Oastler</td>
<td>CHO</td>
</tr>
<tr>
<td>Nicky Wadely</td>
<td>Oxfordshire PCT</td>
</tr>
<tr>
<td>Paula Jackson</td>
<td>Oxfordshire PCT</td>
</tr>
<tr>
<td>Ros Mitchell</td>
<td>CHO</td>
</tr>
<tr>
<td>Roz Tritton</td>
<td>Oxfordshire LDC</td>
</tr>
<tr>
<td>Samuel Morgan</td>
<td>Oasis Dental Care</td>
</tr>
<tr>
<td>Sarah Manger</td>
<td>Oxfordshire PCT</td>
</tr>
<tr>
<td>Sharon Fennell</td>
<td>Oxon, PCT</td>
</tr>
<tr>
<td>Stephen Richards</td>
<td>Oxfordshire PCT</td>
</tr>
</tbody>
</table>

Acknowledgement and thanks to those who attended the workshop and members of:
Dental Commissioning group
Local Dental Committee
Patient and Public Involvement Forum
Appendix D. **Glossary**

**Oral health:** A standard of health of the oral and related tissues which enables an individual to eat, speak and socialise without active disease, discomfort or embarrassment and which contributes to general well-being (Department of Health, 1994).

**Oral mucosa:** The mucous membrane lining the mouth.

**DMFT/dmft:** An indicator of the level of dental decay obtained by calculating the number of decayed, missing and filled teeth (dmft score). DMFT refers to decay experience in the permanent or secondary dentition and dmft to the decay experience in the primary dentition or milk teeth. The average score is reported for a population.

**Oral cancer:** Malignant tumour of the mouth.

**Dental caries:** The material remaining after tooth substance has been destroyed as a result of attack by acids produced by plaque bacteria from sugars in the diet. Commonly referred to as tooth decay.

**Periodontal disease:** Disease of the gums and supporting structures of the teeth. Commonly referred to as gum disease.

**Erosion:** Chemical dissolution of teeth.

**Fluoride:** A chemical compound that helps to prevent dental caries.

**Water fluoridation:** Addition of fluoride to a population’s drinking water to reduce tooth decay. Fluoride may be added to other substances e.g. milk, toothpaste.

**Dental trauma:** Tooth loss or damage caused by physical injury.

**Fissure sealants:** A plastic-like material placed in the grooves and pits of the biting surfaces of the back teeth to prevent decay starting in these susceptible sites.

**Dental Care Professionals (DCPs):** This term commonly refers to members of the wider dental team, such as dental therapists, hygienists, and dental nurses.
Appendix E

Equality Impact Assessment (EIA) - Evidence Form

Title: Strategic Commissioning Framework for dental services

The PCT strives to design and implement services, policies and measures that meet the diverse needs of our service population and workforce, ensuring that none are placed at a disadvantage over others. This form is designed to help you to consider the needs and assess the impact of your policy, protocol, proposal or service on all groups within our local communities and to record the evidence that you have done so. You may need to produce this form as evidence of using the tool.

STAGE 1: Standard Screening

<table>
<thead>
<tr>
<th>1. Who is the policy, proposal or service aimed at?</th>
<th>Population of Oxfordshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Does it affect one group less or more favourably than another?</td>
<td>Included</td>
</tr>
<tr>
<td>Male or Females</td>
<td></td>
</tr>
<tr>
<td>People of different ages</td>
<td>Priority focus on older people, children and vulnerable groups</td>
</tr>
<tr>
<td>People of different ethnic groups</td>
<td>Included</td>
</tr>
<tr>
<td>People of different religious beliefs</td>
<td>Included</td>
</tr>
<tr>
<td>People who do not speak English as a first language</td>
<td>Interpretation service available, may need to consider translations</td>
</tr>
<tr>
<td>People who have a physical disability</td>
<td>Focus as a priority group</td>
</tr>
<tr>
<td>People who have a Mental disability</td>
<td>Focus as a priority group</td>
</tr>
<tr>
<td>Women who are pregnant or on maternity absence</td>
<td>Included</td>
</tr>
<tr>
<td>Single parent families</td>
<td>Included</td>
</tr>
<tr>
<td>People with different sexual orientations</td>
<td>Included</td>
</tr>
<tr>
<td>People with different work patterns (part-time, full-time, job-share, short-term contractors, employed, unemployed)</td>
<td>Included</td>
</tr>
<tr>
<td>People in deprived areas and people from different socio/economic groups</td>
<td>Focus as a priority group</td>
</tr>
<tr>
<td>Asylum seekers and refugees</td>
<td>Included</td>
</tr>
<tr>
<td>Prisoners and people confined to closed institutions, community offenders</td>
<td>Included</td>
</tr>
<tr>
<td>Carers</td>
<td>Included</td>
</tr>
</tbody>
</table>

3. **If you identified potential discrimination, are any exceptions valid, legal and/or justifiable? If unsure, consult with Equality lead.**

Please contact Mary Hardwick at the PCT for assistance if required.
Tel: 01865 336873

No potential discrimination identified
TIPS FOR TEETH

- Brush your teeth twice a day
- Brush last thing at night and on one other occasion
- Use fluoridated toothpaste (1,350 ppm fluoride or above)
- Spit out after brushing and do not rinse
- Reduce the amount of sugary food and drinks you consume