Public Dental Service …

… the safety-net for oral health

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Scope of PDS
1 Background

The Community Dental Service (CDS) and the Salaried General Dental Service (SGDS) were the predecessor organisations of the Public Dental Service (PDS).

The CDS had two key roles;
- Safety-net - the provision of dental care for those individuals unable to obtain care through the General Dental Services (GDS); normally the most vulnerable members of our community.
- Dental public health – dental inspection and epidemiology of primary school children; delivery of oral health promotion and clinical preventive programmes to groups with poor oral health

The SGDS had the same role as GDS independent contractors in that they saw the same patient groups for routine care. SGDS was introduced in order to fill a gap in independent contractor GDS provision, normally in remote and rural areas or where independent contractor capacity was limited. SGDS dentists were remunerated on a salaried basis and were managed by the NHS Board alongside the CDS.

The merging of the two services was one of the recommendations of the Review of Primary Care Salaried Dental Services in Scotland (2006). The development of a single managed primary care dental service for Scotland is now a reality - the Public Dental Service.
2 Public Dental Service

The purpose of this guidance is to assist PDS clinical teams, Community Healthcare Partnership (CHP) managers, NHS Boards, health and social care colleagues, patients and other stakeholders understand the role and function of the PDS.

The distinctive features of the new service are, that the PDS:

• has a particular role in providing expert clinical care for people who have special care needs.

• is delivered by NHS boards and operates mainly within a primary care/community setting but outside of the usual independent contractor GDS model; which is the majority provider of primary care dentistry in Scotland.

• is complementary to, and not in competition with, independent contractor GDS dentists. General dental services delivered by independent contractors are the preferred vehicle for delivery of routine dental care to the population of Scotland. However, it is recognised that independent contractor services are not always viable in all parts of Scotland.

• is also delivered in secondary care settings, in prisons and other secure facilities.

• has professional links with other parts of the local NHS and social care services.

• undertakes dental public health functions e.g. National Dental Inspection Programme (NDIP), inspection programmes in care homes, oral health promotion and the public health aspect of Childsmile.

• sees many patients on referral from other clinicians and health care professionals.

• in rural areas, is often provided from multiple locations with low patient volumes.

• has an indirect patient care workload - many patients have complex needs which necessitates contact with GPs/hospital consultants to clarify medical histories, liaison with formal and informal carers about care management and consent issues.

• has an important teaching and educational role for undergraduate and postgraduate dental teams.

• should make greater use of dental care professionals both clinically and for the public health role, i.e. NDIP.

The development of the PDS, resulted in new single pay spine and modernised Terms and Conditions of Service which were introduced together with clarity over dentist grades and associated roles. It also enhanced personal career development through the introduction of:

• job planning and objective setting,

• appraisal and personal development planning,

• specified competencies for each grade of dentist.
3 PDS remit

The PDS provides a wide range of services in a variety of settings, including community, custodial and secondary care settings. Its roles can be grouped into six main areas:

i. Priority group services:

- Dentistry for vulnerable groups as the key PDS remit.

- Provision of a full range of treatment services to patients with special care needs, including:
  - People with significant learning disabilities;
  - People with significant mental health problems;
  - People with significant physically disabilities;
  - People with significant medically compromising conditions.

- Dental care for people who can have difficulties accessing ordinary ‘high street’ dental services:
  - Looked after and accommodated children;
  - Frail elderly and housebound patients;
  - Young offenders, prisoners and those in secure facilities;
  - People with problems of substance misuse and dependency;
  - Socially excluded groups eg migrants and homeless people.

ii. Behaviour management, sedation and general anaesthesia services:

- Provision of a full range of dental care to adults and children with significant anxiety or phobia who cannot be seen by the ‘high street’ dentists will form an important workload for the PDS.

- It is important that the whole care pathway is considered when looking at behaviour management, sedation and general anaesthetic (GA) services. For all patients, GA should be viewed as the last resort. To this end, local referral protocols should relate to the needs of the patients and require referrals to be made for assessment, leading to a decision on whether behaviour management, sedation or GA is clinically indicated.

- All patients should be assessed for behaviour management first. Where a clinical need is identified, services for “dentally phobic” patients should involve the use of psychological therapy colleagues where appropriate.

- Inhalational or intravenous sedation services for people with moderate to severe dental anxiety who cannot be seen by the ‘high street’ dentists should be provided in a primary care setting where possible with only the most complex cases being referred for care in a secondary care setting.
• General anaesthesia is reserved for the most challenging patients. In this context, “challenging” includes children who are unable to co-operate as well as some special care and severely compromised patients. General anaesthetic services are all provided in an acute setting.

• As a result of the need to deliver GA services in an acute setting with appropriate critical care facilities, NHS Boards are expected to develop a mechanism for tracking patients and activity through the service.

iii. Patients referred for assessment and treatment:

• from general dental practitioners for specialised and specialist services, for example special care dentistry, paediatric dentistry, sedation and general anaesthesia.

• from other health and social care practitioners.

iv. Dental public health role:

• Oral Health Promotion - the PDS will provide oral health promotion programmes to groups and individuals in a range of settings, e.g. workplace and schools. However, PDS clinical settings will also be used to target particular individuals, for example, alcohol brief intervention and smoking cessation.

• National Dental Epidemiological Programme (NDIP) - this is a programme of annual dental inspections and epidemiological surveys of children’s oral health, these currently are as follows.

  o Basic Inspection – a rolling programme which undertakes inspection of all Primary 1 and Primary 7 schoolchildren each year. The ‘basic’ NDIP workstream provides information to each child and their parent or carer about their oral health and risk of future dental disease.

  o Detailed Inspection - every PDS is required to engage in the epidemiological examination of a representative sample of Primary 1 and Primary 7 children required by the ‘detailed’ workstream of NDIP. This programme facilitates the production of anonymised, standardised, quality assured information about the dental health of P1 and P7 schoolchildren in alternate years. This data is used by Scottish Government and NHS Boards when planning services and addressing health inequalities. Clinical examiner(s) are identified from among the PDS staff, along with support staff for administration, recording and data entry, to allow all activities to be undertaken within the prescribed timescale. Members of the fieldwork team are expected to be supported to attend any necessary training and calibration events provided at national level.
v. Routine dental services:

- The PDS should complement the mainstream GDS provision; NHS Boards should manage the PDS to ensure that it does not duplicate service provision which the board is already funding through mainstream GDS arrangements. Routine dental treatment to the local general population should only be provided by the PDS in situations where efforts to attract an independent contractor have failed and there is a gap in general dental service provision. This arrangement should be reviewed regularly until such times as the gap in independent contractor provision is filled.

- Day-time emergency dental services for unregistered patients, where there is no capacity within the independent contractor service to meet demand. Patients attending day-time emergency centres should be actively encouraged and supported to register with an independent contractor for ongoing routine care.

- In some NHS Boards, the management of out of hours services is the responsibility of the PDS.

- NHS Boards should facilitate participation in any OoH rota by independent contractor dentists, PDS dentists and hospital dentists where appropriate.

- The PDS will be central to any contingency plans to maintain dental service delivery during emergencies, for example, pandemic flu, and should be included in any NHS Board planning.

vi. Teaching and research:

The PDS makes a significant and invaluable contribution to the education and clinical training of the dental team in Scotland by ensuring adequate access to patients appropriate for teaching. Through partnership and with funding from NHS Education for Scotland the PDS delivers:

- Outreach training for undergraduate dental students,
- Outreach training for undergraduate hygiene/therapy students,
- Pre and post-qualification training for dental nurses,
- Clinical placements for vocational, core and specialty trainees.

Services can contribute to dental health research and to the development and piloting of good practice guidance documents for the profession by working in partnership with the dental schools, the Scottish Dental Practice-based Research Network (SDPBRN); the Scottish Dental Clinical Effectiveness Programme (SDCEP) and the Scottish Intercollegiate Guideline Network (SIGN).

As PDSs are often hosted within a community health and social care structure within an NHS Board; this gives an unrivalled opportunity to work with other health and social care providers.

Appendix 1 shows the remit of the PDS in diagrammatical form.
4  PDS capacity & local needs

NHS Boards are required to focus on the service capacity required to meet local needs rather than continuing to deliver services based on historic patterns. To do this effectively oral health needs will require assessment and those which cannot be met by independent contractor GDS services identified.

The Consultant in Dental Public Health (CDPH) or Chief Administrative Dental Officer (CADO) of the NHS Board is the strategic lead for oral health and dental services and will provide direction and leadership in assessing local needs. The Scottish CDPH/ CADO Group should help determine which datasets are required, what is currently available and how gaps in data can be remedied.

Boards have responsibility for assessing the needs of their local populations. The first step in determining the size and specific function of any PDS is a thorough assessment of local population needs. This will entail having an understanding of:

- The needs of different segments that make up the local population and how their needs differ, including patterns of oral health and service demand;
- The oral health needs of specific communities or groups with unmet needs or comparatively greater health needs (e.g. those with learning or physical disabilities);
- How these needs compare across Scotland.

Boards should ensure the continued viability of the services provided, given their often specialised nature as well as the vulnerable sectors of the population served, by working collaboratively with their neighbouring boards to achieve economies of scale. Those NHS Boards with a dental teaching hospital or undergraduate outreach centre should be aware of how it impacts on service delivery.

It should be emphasised that school inspections and epidemiological surveys are integral to the work of all NHS Boards.

Understanding the links between the different elements of primary and secondary care dental services is important, bearing in mind the specialised nature of some of the PDS services. The pattern of referrals within the board area is crucial to this understanding. Equally the links between dentistry and other services are also key, e.g. between dentistry and the statutory and voluntary sectors providing support and residential care for vulnerable groups.

Any benchmarking should be against other PDSs in Scotland, taking into account the range, type and complexity of services being provided, the geography of the area and the population being served.
5 PDS funding

Funding for the Public Dental Service continues to come from a range of sources:

- Health Board – Community Dental Service funding; this funds the clinical service for special care needs patients, dental public health inspections and epidemiology, oral health promotion and service management costs;

- Scottish Government, Dental Bundle Funding – Childsmile Core, Nursery and School programmes, Dental Action Plan initiatives, Priority Group Oral Health Improvement funding and Emergency Dental Service costs;

- Scottish Government, GDS Allocation – direct patient care costs for the General Dental Service elements of the service;

- NHS Education for Scotland (NES) – Outreach funding; where a NHS Board and NES have an arrangement to provide undergraduate outreach training.
Appendix 1  Scope of PDS
Scope & Range of Public Dental Service

- Referrals
- Social Exclusion
- Access
- Research
- Teaching
- Dental Public Health
- Child Special Care
- Adult Special Care

- GA
- Sedation
- Special Care*
- Paediatrics*
- Oral Surgery*
- Bariatric patients

- Gap in GDS provision
- OoH service management
- Day-time emergency
- Contingency planning

- Dental team - CPD
  - Undergraduate – BDS/ BSc
  - Post-qualification – VT/ CT
  - Specialty - StR

- Frail elderly
- Learning disability
- Medical compromise
- Mental health
- Physical disability
- Phobia

- Learning disability
- Looked after
- Medical compromise
- Mental health
- Physical disability
- Phobia

- Childsmile
- OHP

- NDIP
  - Prisons
  - Residential homes

- Local
  - National

- Inspection & epidemiology

- Oral health improvement

- Housebound
- Prisoners
- Homeless
- Substance Misuse
- Migrants

* = General Dental Council Specialist List