

Report Title: Oral Health Needs Assessment

Report of: NHS Haringey

Recommendations:

To note the content of the report

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Appendix 1 – Oral Health Needs Assessment

Summary

NHS Dentistry was fundamentally reformed in April 2006. The new dental contract and the devolution of the dental budget to PCTs mean that PCTs must commission dental services to meet the needs of their local population. Conducting an Oral Health Needs Assessment is fundamental to this.

NHS Haringey has now produced an Oral Health Needs Assessment and the Overview and Scrutiny Committee is asked to consider the final report and its recommendations. The PCT intends to use the Needs Assessment to form the basis for the development of a three year Dental Commissioning Strategy.

The Needs Assessment was project managed by the Dental Commissioning Manager, with the support of an Associate Director of Public Health (Commissioning) and the Clinical Director of the PCT Dental Service. An external consultancy (Public Health Direct Ltd) was engaged by the PCT to assist with the gathering and analysis of information.

All Haringey dentists were given the opportunity to be involved, and all relevant stakeholders were identified, as far as possible. 38 stakeholders both internal and external to the PCT were involved (these are listed at the back of the report). All stakeholders were interviewed by Public Health Direct Ltd. The PCT held a stakeholder event involving presentations and discussion after which stakeholders had the opportunity to provide written comment to the PCT. The event was attended by Councillor Bull. A draft Needs Assessment was then submitted to stakeholders with a further opportunity for comment before the final version was produced. Stakeholder input was taken into account in shaping the document and there is a section on stakeholder views.

The report makes a number of recommendations which are attached.

The Needs Assessment was the first time that a comprehensive overview of all services relating to oral health has been undertaken. It illuminated the need for clear clinical pathways to be developed between primary, secondary and specialist services to ensure appropriate access to all services for all patients. At present some dental work is referred to hospitals which could be dealt with more quickly and cost-effectively in a primary care setting. At the same time dentists are unable to get referrals accepted by hospitals for certain types of treatment.

Some of the stakeholders involved in this process had not been previously engaged with other providers and users of oral health services. It has emerged that certain groups (such as those in residential homes and the housebound) are not currently well served and there is therefore a need to review existing services.

A number of recommendations in the report concern access. Since the 2006 reforms, access to NHS dentistry has fallen across England. Improving access to primary care dentistry is now a key NHS target and for the last two years there has been an increase in dental funding to PCTs.

Access to dentistry (as measured by the proportion of the population seeing a dentist over a two year period) is worse in London than the national average. In Haringey access is above both the London and the England averages. Nevertheless access to dentistry has fallen in Haringey since April 2006 in line with the national and the London picture and NHS Haringey is required by NHS London to return access to April 2006 levels by April 2011. The dental commissioning strategy will need to prioritise meeting this expectation.

The overall oral health picture in Haringey is above both the national and London average. However, standards are not consistent across the borough and there are areas where dental disease levels give cause for serious concern. These areas need to be a priority for oral health promotion programmes.

Uptake of services is uneven across the borough and in some areas, notably Northumberland Park, oral health need is high while the uptake of services is low. The report recommends taking steps to address this.

Other recommendations of the report concern the quality of services and the need for the PCT to have the appropriate personnel and procedures in place to support local commissioning of dentistry.

RECOMMENDATIONS:

ACCESS

The PCT should ensure that all patients are able to access NHS dental services. This should involve the following:

- 1. Developing evidence-based clinical pathways between primary care, specialist services and secondary care**
- 2. Taking steps to encourage the uptake of services in areas of high need and low uptake, particularly Northumberland Park**
- 3. Reviewing the PCTDS and agreeing a Service Level Agreement**
- 4. Considering the need for an intermediate special service in endodontics and periodontics**
- 5. Reviewing the translation services available to GPs**
- 6. Carrying out a review of the oral health needs of those in residential care homes**
- 7. Reviewing the current domiciliary provision and considering the need for the introduction of a transport service**
- 8. Developing a communication strategy to publicise the dental access helpline as recommended by the Steele Review**
- 9. Assessing the cost of supporting all dental practices to become fully computerised as recommended by the Steele Review**
- 10. Continuing to monitoring dental contracts to ensure equality of access to services**

PREVENTATIVE DENTISTRY AND ORAL HEALTH PROMOTION

The PCT should develop an oral health promotion strategy and action plan which should include

- 1. Preventative programmes for specific groups, including pre-school children, programmes in schools and programmes for older people**
- 2. Steps to develop the skill mix of the workforce in dental practices so as to maximise resources to allow for preventative dentistry and health improvement.**

QUALITY

- 1. The PCT should be aware of the need to encourage and reward excellent quality in dental services**
- 2. The PCT should continue to monitor and support practices to ensuring that they meet all relevant quality standards**
- 3. The PCT should continue to support dental practices to ensure that essential quality requirements are met in infection control and to ensure that all practices are moving towards best practice in decontamination**

THE PCT

- 1. The PCT should review responsibility for dentistry on decision-making bodies at all levels of the PCT as recommended in the Steele Review**
- 2. The PCT should review Dental Adviser and Dental Public Health capacity to ensure that there is the appropriate support and expertise to allow for World Class Commissioning of Dentistry in Haringey as recommended in the Steele Review**
- 3. The PCT should build on the contacts made in preparing this report to ensure appropriate engagement and involvement**