A Child Friendly Dental Practice Scheme for Greater Manchester

There continues to be significant challenges faced by children and young people and their families as well as Dental Teams in Greater Manchester when tackling dental disease. The current Pandemic has not helped this situation and we now face increasingly long waiting times for children and young people in pain due to the lack of access to hospital-based theatres and a reduction in capacity due to fallow time, social distancing in waiting rooms, infection control and PPE as a result of COVID-19. In addition, some Hospital dental teams were re-deployed to support the national COVID-19 response which resulted in a reduction of access to Secondary Care Consultant and Specialist services. In order to reduce the significant number of referrals into hospital services for specialist treatment including that provided under general anaesthesia, there is a need to provide additional and complementary services within Primary Care settings to support children and young people and their families to avoid long waiting times, unnecessary pain, and over prescribing of antibiotics whilst children and young people wait for theatre availability.

Here in Greater Manchester we have been piloting a Child Friendly Dental Practice Scheme since November 2020. The pilot was a success and we have now secured some non-recurrent funding to roll the scheme out across GM until March 2022. The scheme involves practices receiving paediatric referrals and delivering additional care.

We hope to create a network of 12 Child Friendly Dental Practices (CFDP) across Greater Manchester that will link with the Paediatric MCN. Utilising the enhanced skills, and skill mix of a number of our dental teams in Primary care, we will offer evidence-based oral healthcare to minimise the onward referral of children and young people with dental decay into specialist settings.

Where possible, children and young people will be seen, treated and discharged back to their referring practice, with all the correct prevention messages reinforced. It is recognised that some children and young people may still need additional support in the hospital and specialist dental care services.

**the term children and young people / child refers to patients aged between 0-18yrs**

**Background**

Tooth decay has been persistently high among under 5s in many areas of Greater Manchester for generations.

Official statistics for 2017 showed that:

- Over a third of five-year-olds (36%) across our city-region had tooth decay
- In some local areas, this figure was more than half
- The England national average is one in four (25%)
Between 2014 and 2017, our hospitals extracted teeth from over 15,000 children and young people at a cost to the NHS of around £1,000 a time. This contributes significantly to the £20 million spent each year treating preventable tooth decay in Greater Manchester children and young people.

In 2016 Public Health England and NHS England highlighted the 13 highest priority areas for oral health in under-fives. Four areas of Greater Manchester were included: Bolton, Oldham, Rochdale and Salford. These areas were highlighted because of a very high rate of tooth decay in four consecutive oral health surveys of five-year-olds, with no sign of improvement.

Oral health improvement relies upon successful self-care regimes. Those individuals and families who may have challenging and potentially chaotic lifestyles are more likely to suffer poor oral health and not to regularly present for dental checks but use services when they experience pain and/or infection.

It is therefore reasonable to expect this situation to result in these families requiring urgent dental care and treatment. Therefore, easy access to these services is required. There are opportunities for greater integration of dentistry with other services across the health and wellbeing sector to address concerns, reduce risks and present consistent self-care and prevention messages to benefit families and reduce stress. As such, in the future, we may also facilitate referrals from non-dental health care professionals into our CFDP, this may include children and young people presenting urgently within a GP setting or at A&E, because they don't currently have a dentist.

Keeping children and young people free of dental decay is a priority. One challenge is to ensure that parents and carers understand the importance of reducing the frequency and amount of sugar in children’s food and drinks and the importance of supervised tooth brushing with fluoride toothpaste, particularly before bedtime.

There is also a need to ensure no child / young person in Greater Manchester is without a ‘dental home’ to deliver preventive advice, intervention and treatment. As our network of CFDPs grows this will allow us to increase dental access to this specific cohort of patients and support their oral health needs.

**Aim**

The aim is to develop a service that can see and treat children and young people in primary care by dental teams with enhanced skills and to recognise the processes dental practices have in place to improve oral health among children and young people in GM, by facilitating dental attendance and improving preventive care.

**Outcomes**

The outcomes of the CFDP Scheme are:

- To provide evidence-based treatment in Primary Care that will relieve pain for children and young people who have been referred for specialist care.
- To manage caries of children and young people who have been referred for specialist care using Silver Diamine Fluoride and Hall Crowns.
- To increase the number of children and young people who attend dental practices routinely, including those seen as part of the Dental Check by One programme.
- To increase in the number of FV applications.

**Duration**

This SLA will run until 31st March 2022.
Delivery Model

The CFDP Scheme will support practices to improve the clinical care and management of children and young people in Greater Manchester by supporting and acknowledging good practice. We will aim to see an increase in the number of children and young people who attend dental practices routinely so that they can benefit from preventive treatment, including fluoride varnish, receive support to improve home care and receive necessary restorative treatment.

The CFDP Scheme will also promote the Dental Check by One programme which has been developed, working with health visitors to actively encourage parents to take their young child to a dental practice so that one to one preventive care and advice may be given by the time a child reaches 1 year old.

For this programme to be successful we will require joint working with a coalition of willing partners.

The scheme will be run in partnership between five groups:

- GMHSCP – Dental Commissioning Team
- Dental Local Professional Network – oversight and advocacy
- Paediatric MCN – Quick pathway referral and Consultant support
- NHSEI – Consultant in Dental Public Health
- Health Education England North West – Education & training support

Practices signed up to the scheme must:

1. Make a whole practice pledge to deliver top quality clinical care and prevention for all children and young people in a welcoming and child-safe environment (0-18 years)

2. Accept referrals via the Referral Management System (FDS) from other GM Dental Teams and non-dental health care professionals via the digital platform including referrals for Looked After Children and Unaccompanied Asylum Seekers

3. Be confident in seeing & treating child and young people, that may have increased anxiety

4. Ensure that at least once dentist who will be seeing and treating children and young people within the CFDP pathway has undertaken recent e-CPD training about paediatric dental care including BTDM, managing dental trauma, antimicrobial stewardship, use of Hall Crown Technique and SDF

5. Have an Access Policy which encourages attendance from birth e.g. Dental Check by1 (DCby1)

6. Provide appointment times to suit children and young people & their parents /carers

7. Have a clear policy for managing “was not brought” patients

8. Commit to phoning each patient prior to them coming in for an appointment discuss treatment needs and suitable appointments

9. Have open access and commit to see, treat & provide a ‘dental home’ for any children and young people (including those in pain, Looked After Children and Unaccompanied Asylum Seekers) without a regular dentist under appropriate recall (any patients with a regular dentist will be discharged back to their referring GDP following treatment or referred on for specialist care or GA)
10. Create a discharge letter/summary of treatment and any ongoing dental care need for the referrer if a patient was not brought or after completion of the initial treatment within your practice

11. Complete the excel data collection sheet and send to commissioning team every month

12. Lead clinician to attend regular meetings with Dental Commissioning team & LDN to provide feedback (Frequency TBC)

13. Participate in the Paediatric MCN as required

14. Ensure staff are up-to-date with recommended Safeguarding Training for Children and have an identified Safeguarding Practice Lead (SPL) who acts as a central person with oversight of safeguarding matters and supports Practice staff with support regarding safeguarding matters

15. Ensure staff are up to date with current guidelines (including Delivering Better Oral Health, Guidance Child oral health: applying All Our Health, and Dental recall priorities for children) concerning prevention for children – home care and professional action and ensure that these are being actively implemented within the practice

16. Are a Healthy Living Dental Practice or working towards being one

17. A Training Practice

18. Have a (pre-covid) fluoride varnish rate above 75%

**Pathway**

1. Referral completed by referring GDP and submitted via the Referral Management Service

2. Referral Management Service receive and triage referral

3. Referral Management Service refer to nearest Child Friendly Dental Practice

4. All referrals will be sent to the Provider via PReSS. Provider MUST ensure they check the PReSS system on a regular basis.

5. Practices will be expected to receive 5 referrals per week. Once you have received 5 referrals for the week you can ‘switch off’ to any further referrals that week and ‘switch on’ the following week by contacting the Referral Management Service.

6. Provider to contact patient within 24 hours to triage and book appointment. Provider should make at least 3 attempts to contact the patient.

7. If the patient is triaged as urgent the patient should be seen within 24 hours. If the referral is not urgent the patient should be seen and treated within 3 weeks of receipt of referral.

8. After treatment has been provided the Provider MUST ensure the discharge summary is completed via the Referral Management Service.

9. Provider to complete FP17 and submit on ‘normal’ contract number

10. Provider is responsible for onward referrals if necessary, the original referral should be escalated through PReSS to CDS, with additional comments explaining why the patient
should be seen in CDS, treatment information and additional radiographs uploaded if necessary.

11. Provider must have open access for children and young people and children and young people that do not have a regular dentist should be offered a ‘Dental Home’.

12. Provider must complete and submit the Excel Data Collection Form to england.gmdental@nhs.net on a monthly basis. This will be used to pay the practice the additional fee.

Payment

Providers will receive an upfront payment of £500. This payment is for practices to purchase the resources for the scheme including a Halls Crown Kit costed at around £400 and Silver Diamine Fluoride at approximately £92 a box for 12 applications.

On submission of the monthly Excel Data Collection Form practices will also be paid £40 per referral for any patient seen and treated at their practice. This payment is to develop administration process that would include an initial phone call to patient’s parent / carer, assessment, treatment and discharge, (where appropriate) onward referral to secondary care of specialist dental care services and completion of the data collection sheet.

Practices will be expected to receive 5 referrals per week. Once you have received your 5 referrals for the week you can ‘switch off’ to any further referrals that week and ‘switch on’ the following week by contacting the Referral Management Service.

Under the scheme practices are also required to provide open access to children and young people including children who are looked after and accommodated and unaccompanied asylum seekers.

The payment above reflects the additional work required to ensure all children and young people will be able to access a regular dentist. This would be monitored via access data from the NHS BSA, improvement in the application of Fluoride varnish and a declaration prior to signing up to the scheme which will link them to the Oral Health Transformation Teams, and all other Primary Care services.

Treatment will include

1. Prevention – Oral Hygiene Instruction, Diet Advice, Fluoride Varnish Application, Fissure Sealants
2. Stabilisation – Silver Diamine Fluoride, Temporary Fillings
3. Restoration – Hall Crowns, Definitive Fillings
4. Extractions

Submission of FP17s to the NHS BSA

FP17s must be submitted for these patients. The Provider should record on FP17s any treatment that has been provided. This is necessary as patients are seen under the NHS and a record needs to be kept. Dentists will also keep a clinical record of the interaction in the normal way.

Activity for these patients will count towards your Annual GDS Activity targets and will be included in your year-end calculations.
**Contract Variation**

The GDS Contract, or PDS Agreement held by the Provider is subject to the following variation for the period of this Service Level Agreement.

Clause 114 is amended to include – The Contractor shall undertake Dental Public Health Services as described within the Service Level Agreement for the “Child Friendly Dental Practice Service” as additional services under the GDS Contract or PDS Agreement during normal surgery hours.

**Benefits**

The benefits to parents and carers will be an ability to find out which dental practices are child friendly and be able to choose these over other practices. Child and young people will be better served as the levels of knowledge and skills among clinical teams are improved and the quality of care is raised.

If patients are able to be seen and treated in the Child Friendly Dental Practices, they would benefit from reduced waiting time meaning they will be pain free much quicker than if they were added to the hospital waiting lists.

Practices will benefit from having the opportunity to utilise skill mix and enhanced skills of their dental teams.

**Safeguarding**

Dental teams have a responsibility to protect patients who are at risk of abuse and neglect. The Provider must have an Adult Safeguarding policy and a Child Protection policy in accordance with the NHS Safeguarding Accountability Framework. The Provider must ensure and demonstrate that all staff have in-date training in children’s safeguarding to a minimum of level 2. All staff must have undertaken an enhanced Disclosure and Barring Service check (for dentists this will be in accordance with the NHS Performers List Regulations).

The Provider must ensure that they have a Mental Capacity Act policy that ensures compliance with the Mental Capacity Act 2005, and associated Code of Practice, with particular regard to obtaining written consent to treatment, and training for staff appropriate to their roles and responsibilities.

Safeguarding policies and procedures should be aligned with recent guidance on [Safeguarding in Dental Practice (PHE 2019)](https://www.gov.uk/government/publications/safeguarding-in-dental-practice)

It is recommended that:

- each dental clinic has a named safeguarding practice lead
- all members of staff (clinical and non-clinical) undertake the appropriate level of safeguarding training
- there is a safeguarding reporting system in place and staff are familiar with this
- all members of staff know how to access the NHS Safeguarding app for local safeguarding contact details: [www.myguideapps.com/nhs_safeguarding/default/index.html](http://www.myguideapps.com/nhs_safeguarding/default/index.html)
The mandatory duty to report female genital mutilation (FGM) cases to the police came into effect in England and Wales on 31 October 2015 and applies to all registered health care professionals, including dentists and dental care professionals.

Furthermore, it is also the duty of trained professionals to identify victims of modern-day slavery including sexual exploitation. If a person is believed to be at risk, there is a duty to contact the police and the local authority adult services immediately and therefore the Provider must ensure that appropriate policies and training are in place for staff.

**Area Team Contact / Support**

The Dental Commissioning Team are available to respond to queries and issues arising in relation to this service. All queries should be directed to: england.gmdental@nhs.net in the first instance and a member of the team will respond to you.