

NORTH LANARKSHIRE COUNCIL

REPORT

TO: SOCIAL WORK COMMITTEE	SUBJECT: PRIMARY CARE DIRECTION STATEMENT: DENTAL SERVICES - CONSULTATION PAPER FROM GREATER GLASGOW HEALTH BOARD
FROM: JIM DICKIE DIRECTOR OF SOCIAL WORK	
DATE OF COMMITTEE: 7 OCTOBER 1997	
REF: JD/RP/IC/MD	

1. PURPOSE OF REPORT

To advise members of the publication of a consultation paper from Greater Glasgow Health Board covering dental services in the Greater Glasgow area.

2. BACKGROUND

This is one of a series of consultation papers produced by Greater Glasgow Health Board covering the direction of primary care in the Greater Glasgow area. Comments on the draft Dental Services paper have been sought by 31 October 1997.

3. CONTENT

3.1 The draft paper covers a number of topics including some which are of interest and relevance to North Lanarkshire Council. These include

- Health Promotion and the Prevention of Ill Health
- Development of General Dental Practice, covering issues such as information and the information needs of special groups such as ethnic minorities; complaints systems; and physical standards in dental practices,
- Community Care.

3.2 The section of Community Care (page 17 of the draft paper) is perhaps the section of greatest relevance to the Social Work Department. This includes issues of access to dental services for people resident in residential homes, nursing homes and supported accommodation, and continued annual monitoring of these groups by Community Dental Practitioners.

4. RECOMMENDATIONS

Committee is asked to:

- [i] approve a response to Greater Glasgow Health Board intimating that it has noted the contents of the report; and
- [ii] remit the paper to the Moodiesburn (Northern Corridor) Area Committee for its interest.



Jim Dickie
Director of Social Work
30 September 1997

For further information on this report please contact B Maguire, Principal Officer (Community Care) (TEL: 01698 3320131)

GREATER GLASGOW HEALTH BOARD

PRIMARY CARE

A DIRECTION STATEMENT

DENTAL SERVICES

(DRAFT)

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FOREWORD

by **Sir Robert Calderwood, Chairman,**
Greater Glasgow Health Board

The provision of primary care dental services by General Dental Practitioners (family dentists) and their staff and by the Community Dental Service is a key element in the provision of primary health care.

Dental health has improved over recent years with individuals retaining more of their teeth. Notwithstanding that, the level of preventable dental and oral disease of the population in the Board's area is the worst in Scotland. There is therefore considerable scope for further improvement. The attached Statement identifies a number of issues relating to the further development of dental and oral health, e.g. encouraging registration with a family dentist. The importance of dental and oral health promotion, and the prevention and early detection of oral cancer is also highlighted.

The Statement, published for consultation purposes at this stage, sets out a series of key principles to encourage and assist those working in, or supporting primary care dental services. It also seeks to ensure that the work family dentists, their staff, the Community Dental Service and the Health Board do is better understood by the users of the service. It aims to improve primary care dental services for patients in the Board's area, and to address the problems of Glasgow's poor dental health.

Views and comments on the document will be welcomed and considered. They should be sent to Catriona Renfrew, Director for Commissioning, Greater Glasgow Health Board, 112 Ingram Street, Glasgow G1 1ET, by 31 October 1997.



Sir Robert Calderwood
Chairman

**GREATER GLASGOW HEALTH BOARD
NHS GENERAL DENTAL SERVICES COSTS FOR THE YEAR TO 31ST MARCH 1996:**

	Cost £
Cost of Treatment and Dentures	31.6 m
Dental Charges	(7.1m)
	<u>24.5m</u>

**GREATER GLASGOW HEALTH BOARD
NHS COMMUNITY DENTAL SERVICE COSTS FOR THE YEAR TO 31ST MARCH 1996:**

	Cost £
Cost of Purchasing Primary Care Dental Services from the Community and Mental Health Services NHS Trust	1.6m

DEFINITION OF ORAL HEALTH AND ORAL DISEASE:

“The Oral Health Strategy for Scotland” adopted the following definition of oral health and oral diseases:

Oral health is a standard of health of the oral and related tissues without active disease. This state should enable the individual to eat, speak and socialise without discomfort or embarrassment, and contribute to general well-being.

The national strategy deals with the following aspects of oral disease:

- Dental caries (loss of tooth substance mainly due to decay).
 - Periodontal disease (inflammation of the gum and supporting tissue of the teeth).
- Derangement of oro - facial tissues due to trauma or congenital birth defects.
- Oral cancer.

INTRODUCTION

Primary care dental services are provided by General Dental Practitioners (family dentists) their practice staff and the Community Dental Service.

General Dental Practitioners, who are the main providers of primary dental care, are independent contractors who contract with the Health Board to provide NHS general dental services. They also provide primary care dental services to patients who wish to purchase services privately. At present there are 377 General Dental Practitioners registered with the Board and 187 Dental Practices.

The Community Dental Service, which is managed by the Community and Mental Health Services NHS Trust, is concerned with some public health aspects of dental disease and the provision of a "safety net" of advice and treatment for those who for a variety of reasons are not registered with a General Dental Practitioner. The Trust employs 28 Community Dental Practitioners who, along with clinical auxiliaries and support staff, provide community dental services throughout Greater Glasgow.

In developing this direction statement with primary care dental service representatives the Health Board's aim is to maintain and assist the further development of high quality primary care dental services throughout its area by working with and supporting General Dental Practitioners and the Community and Mental Health Services NHS Trust to ensure that :

- NHS primary dental care is properly co-ordinated and meets the needs of the population.
- A high quality service is provided to both NHS and private patients.
- Appropriate dental services are readily accessible to all members of the public.
- Clear information on the provision of both NHS and private services is readily available to the public.
- The importance of dental health and dental health care is well publicised.
- Effective health education and health promotion is widely available to the public.

NATIONAL AND HEALTH BOARD DENTAL HEALTH CARE TARGETS AND THE CURRENT STATUS OF DENTAL HEALTH IN GREATER GLASGOW:

- **60% of 5 year old school entrants should have no cavities, fillings or extractions by the year 2000.**
In 1996, only 34% of 5 year olds in Greater Glasgow had no decay, fillings or extractions. In the least affluent areas of the city, the figure was 20%.
- **Less than 10% of 45-54 year olds should be without their own teeth by the year 2000.**
In 1993, 14% of 45-54 year olds in Greater Glasgow claimed to be without their own teeth. However, only 5.2% of 35-44 year olds were without their own teeth, suggesting that this target is likely to be met.
- **Children, aged 12 to have no more than 1.5 teeth decayed, missing or filled by the year 2005.**
In 1993, Greater Glasgow 12 year olds had on average 2.7 teeth decayed, missing or filled.
- **90% of 18 year olds to have all their own teeth by 2008.**
No data are currently available on this age group in Glasgow or nationally.
- **At least 80% of dentate adults aged 35-44 to have at least 21 or more teeth by 2008.**
In 1993, 77% of dentate adults in this age group claimed to have at least 20 or more natural teeth.

The picture relating to child dental health in Greater Glasgow is particularly concerning and has been identified as particularly poor in areas of social deprivation.

THE NEED FOR A DIRECTION STATEMENT

The issues which have led to the development of a primary care dental services direction statement are :

- The need for a structured primary care approach to improving the dental and oral health of the Board's population. The direction statement will complement and develop some of the primary care issues set out in the Board's Multi-Agency Oral and Dental Health Strategy and the Oral Health Strategy for Scotland. It also complements the Community Dental Services Section of the Board's Community Strategy.
- The need to promote and raise the profile of dental and oral health.
- The need to promote the environmental and behavioural changes required to meet the dental and oral health needs of the population.
- The increasing level of primary and secondary care integration and the provision of care in the community.
- Future contractual changes in the provision of dental and oral health care.
- The development of alternative approaches to the purchasing of health care.
- The development of clinical audit and peer review to develop and maintain standards.

MONITORING OF THE NATIONAL AND HEALTH BOARD TARGETS:

The following surveys, used to monitor dental health in Scotland, will enable the national and Health Board targets to be monitored on a continuing basis.

- **Scottish Health Boards Dental Epidemiological Programme (SHBDEP)**
This epidemiology programme is geared to regularly surveying and monitoring the dental health of children and adults in Scotland.
- **Population Censuses and Surveys**
Surveys of the dental health of children and adults on a UK-wide basis every 10 years.
- **Scottish Health Survey**
This survey will report triennially from 1997 and will include some information relative to dental health promotion.

DISTRIBUTION OF NHS GENERAL DENTAL PRACTICE PREMISES THROUGHOUT THE BOARD'S AREA:

Locality Area	Locality Description	No of Premises	Postcode Census Population	No of Premises per 10,000 Population
West 1	Bearsden/Milngavie	5	40,907	1.2
West 2	Drumchapel	3	24,812	1.2
West 3	Clydebank	6	42,826	1.4
West 4	Knightswood/Yoker	9	56,214	1.6
West 5	Partick/Hyndland	19	51,672	3.7
North 1	Bishopbriggs	3	24,532	1.2
North 2	Kirkintilloch	8	45,246	1.8
North 3	Maryhill/Woodside	8	31,145	2.6
North 4	Sprinburn/Possilpark	12	50,381	2.4
East 1	Bridgeton/Townhead(*)	13	30,954	4.2
East 2	Shettleston/Baillieston	13	75,262	1.7
East 3	Parkhead/Easterhouse	11	67,653	1.6
South East 1	Govanhill/Gorbals	10	31,155	3.2
South East 2	Rutherglen/Cambuslang	11	57,195	1.9
South East 3	Eastwood	15	65,233	2.3
South East 4	Castlemilk/Cathcart	11	56,448	1.9
South East 5	Shawlands/Pollokshields	10	28,592	3.5
South West 1	Govan/Tbrox	7	19,207	3.6
South West 2	Pollok/Cardonald	13	81,500	1.6
		<hr/> 187	<hr/> 890,934	<hr/> 2.1

(*) Includes the city centre.

Note: A system for equating available general dental practitioner hours to locality population will be developed.

PRIMARY HEALTH CARE REQUIREMENTS

Health boards have the lead responsibility for assessing the dental service needs of the population. General Dental Practitioners and Community Dental Practitioners record a considerable amount of individual patient and age group dental health information which is analysed and published. Unfortunately, aggregated information on the dental health of private patients is not available.

KEY PRINCIPLES:

- The views of the profession will be sought regarding the provision and development of evidence based primary care dental services.
- Dental health statistics will continue to be used to assess need.
- The development of a system for obtaining and analysing dental health information for all NHS patients by locality will be investigated. Such a system would assist the assessment of the requirement for primary care dental services.
- As part of the process of assessing need, cognisance will be taken of environmental and behavioural influences on dental and oral health and their link with deprivation.
- A system to obtain patients' views on current and future service provision will be prepared, in conjunction with the profession and the Local Health Council, to assess and plan services to meet patient needs and provide choice.

**PRIMARY CARE DEVELOPMENT PROJECTS TO PROMOTE DENTAL AND ORAL HEALTH
(SUPPORTED BY SHORT TERM FUNDING FROM THE SCOTTISH OFFICE):**

- The Integration of Primary Care Dental and Medical Services
- Provision of Domiciliary General Dental Service
- Pre - 5 Year Old Oral Health Surveillance Programme Development
- Provision of Dental Services to the Homeless
- Stepping Stones Project to Encourage Toothbrushing
- Dental Care for Homeless and Hostel Staff
- Dental Care in Under 5s
- Integrating Oral Health into General Practice
- Promoting Dental Health in 0 - 3 Year Age Group in Drumchapel
- Improving Dental Health in Children in Glasgow
- Dental Health Advice in Ante-Natal Care

**THE COMMUNITY DENTAL SERVICE PROVIDES DENTAL HEALTH EDUCATION FOR THE
FOLLOWING CLIENT GROUPS:**

Children and Young Adults with Special Needs

The service is provided in special schools and adult training centres to children and students dependent on ability.

- **Children Attending Schools that have a Record of Poor and Moderate Dental Health**
Three visits per year are provided.
- **Children in Nurseries**
A minimum of two visits per year are provided.
- **Children Attending Child Health Clinics**
Dental health education is provided on a monthly basis.
- **Children Attending Playgroups and those Involved in School Projects etc.**
When requested a single visit is provided.

**EXAMPLES OF HEALTH PROMOTION WORK UNDERTAKEN BY THE BOARD'S HEALTH
PROMOTION DEPARTMENT:**

- The development and delivery of oral health training and support for Community Pharmacists.
The delivery to Health Visitors of training workshops on the promotion of oral health from birth.
- The development of a pre-5 oral health promotion resource pack for Health Visitors.
- The support of a programme of activities around "National Smile Week" to raise local awareness of the importance of dental health.

**PUBLIC HEALTH DEPARTMENT -
PILOT DENTAL HEALTH INITIATIVE TARGETED AT PRE-5 YEAR OLDS IN POSSILPARK:**

This oral/dental health gain pilot project aims to develop and implement multi-agency oral health promotion initiatives in key settings within the community.

60% per cent of 3 year olds in nursery education in Possilpark already have some tooth decay and this level rises to 85 per cent of pre-5 year olds.

HEALTH PROMOTION AND THE PREVENTION OF ILL HEALTH

General Dental Practice and Community Dental Services play a major role in promoting dental and oral health in the primary care setting. This input is supported and supplemented by the Health Board's Health Promotion Department, Community Pharmacists, Health Visitors, School Nurses and other members of the Primary Health Care Team. The maintenance and development of this role is a key part in the strategy to improve dental health in the Board's area where the level of preventable dental and oral disease in the population is the worst in Scotland.

KEY PRINCIPLES:

- The provision of evidence based health promotion and dental health care advice by dentists will be encouraged and supported.
- The display and use of dental health education material in dental premises is an important addition to the advice given by the oral health care team.
- Dental health promotion and disease prevention initiatives will be encouraged.
- The Board will encourage all age groups in the population to register with a General Dental Practitioner in order to secure dental/oral health through regular check-ups, prevention, health promotion and early intervention when necessary.
- Links between dentists and the Health Promotion Department will be further developed to provide a co-ordinated approach to health promotion.
- The Board will support and enable dentists to develop their health promotion skills.
- Close links should be maintained between the Health Promotion Department and Oral Health Educators of the Community Dental Service to ensure the provision of a co-ordinated approach to health promotion.
- The Board will continue to support fluoridation of the public water supply as a major area for improving dental health.
- The Board will continue to promote the use of other appropriate fluoride vehicles, in particular toothpaste, as a means of improving dental health.
- The Board will promote oral cancer prevention and early detection.
- The Board will liaise with other health boards to assess the value of joint health promotion projects which are geared to the West of Scotland population.

**GREATER GLASGOW HEALTH BOARD
NHS GENERAL DENTAL SERVICES:**

	1997	1996	1995	1994	1993
Number of General Dental Practitioners (GDPs)	377	381	380	374	350
Number of Premises	187	188	189	209	207

**GREATER GLASGOW HEALTH BOARD
NHS COMMUNITY DENTAL SERVICE:**

	1997	1996	1995	1994	1993
Senior Dental Officers (WTE)	5.40	5.40	5.40	4.40	3.40
Dental Officers (WTE)	17.94	17.53	17.70	18.72	20.55
Dental Therapists (WTE)	1.35	1.35	1.35	1.35	1.35
Dental Hygienists (WTE)	0.60	0.60	1.47	1.34	1.34
Dental Health Educators (WTE)	5.00	5.00	5.00	5.00	5.00

QUALIFIED PRIMARY CARE NURSES:

	1997
Health Visitors (WTE)	271
District Nurses (WTE)	379
Community Psychiatric Nurses (WTE)	150
Number of Practice Nurses (excluding relief nurses)	260
Number of School Nurses	65

THE PRIMARY HEALTH CARE TEAM

General Dental Practitioners and Community Dental Practitioners work to a contract of service and to professional standards of practice. In general dental practices staff are employed by General Dental Practitioners and in the Community Dental Service they are employed by the Community and Mental Health Services NHS Trust.

KEY PRINCIPLES:

- As part of the development of primary health care services, Dentists, GPs, Community Pharmacists, Primary Care Nurses and other members of the Primary Health Care Team will be encouraged to work closely together.
- The development of joint training opportunities for Dentists, dental staff and other Primary Health Care Team members, including GPs, will be encouraged.
- Initiatives to co-ordinate and integrate patients' medical and dental records will be encouraged.

PRIMARY CARE NURSING

Health Visitors, District Nurses, Practice Nurses and School Nurses have clinical and / or health promotion links with primary care dental services. Primary Care Nurses refer patients whom they identify as having possible dental and / or oral health problems to Dentists, GPs and Community Medical Officers. They also have a key role in the promotion of dental and oral health.

KEY PRINCIPLES:

- Dentists will be encouraged and supported in developing links with Primary Care Nurses, eg through the provision of training to raise awareness of dental health problems, particularly in children and elderly people.
- The improvement and development of referral and reporting systems for possible dental and oral health problems will be supported.

GLASGOW DENTAL HOSPITAL AND SCHOOL NHS TRUST:

The Trust provides the following services, which include some primary care services, from the hospital and school in Sauchiehall Street:

- Oral Surgery
- Oral Medicine
- Periodontics
- Prosthodontics
- Conservative Dentistry
- Orthodontics
- Child Dental Health
- Accident & Emergency
- Anxiety & Hypnosis (including Sedation)
- Oral Orthopaedics
- Oral Microbiology
- Oral Pathology
- Oral Radiology
- General Anaesthetic

ACUTE NHS TRUST HOSPITALS IN GLASGOW WHICH PROVIDE ORAL SURGERY:

- Glasgow Royal Infirmary University NHS Trust
- Southern General Hospital NHS Trust
- Stobhill NHS Trust
- Victoria Infirmary NHS Trust
- West Glasgow Hospitals University NHS Trust
- Yorkhill NHS Trust

INTEGRATION OF PRIMARY AND SECONDARY HEALTH CARE

As with other specialties, closer working together by dentists and hospital consultants will help to facilitate the integration of primary and secondary dental and oral health care.

KEY PRINCIPLES:

- There should be close working between primary and secondary care providers to ensure the provision of comprehensive and effective dental and oral health care.
- Good two-way communication between primary care and hospitals is important. This includes the quality of the dentist's referral to the hospital consultant and the need for the dentist to be given clear and prompt information on discharge, tests, diagnosis and treatment.
- Guidelines for shared care and the management of dental and oral health should be jointly developed and there should be clarity on hospital referral procedures. Responsibility for patient management should be clear.
- Direct access by dentists and GPs to hospital diagnostic and treatment facilities should be encouraged where appropriate and there should be guidance on the use of direct access.
- Research and development across the hospital and primary care interface will be encouraged.

**PATIENT INFORMATION LEAFLETS -
INFORMATION TO BE INCLUDED:**

1. The following personal and professional details of the dentist:
 - (a) name;
 - (b) sex;
 - (c) date of registration as a dental practitioner in the register kept under section 14 of the Dentists Act 1984 and details of any dental qualifications registrable under that Act.

2. The following additional information about the provision of general dental services at practice premises:
 - (a) the addresses of all the practice premises and, where he provides general dental services at a mobile surgery only, the address to which correspondence may be sent;
 - (b) particulars of the days and hours when the dentist is or will be usually in attendance at the practice premises and, in the case of any mobile surgery, particulars of the places regularly visited by him and the times of those visits;
 - (c) the names of all dentists at the practice premises including partners, associates and assistants and details for them as specified in paragraph 1 above;
 - (d) whether a dental hygienist is employed at the practice premises;
 - (e) whether there is access to the dental surgery without use of stairs;
whether the practice premises (including the dental surgery and toilets) are accessible to wheelchairs;
 - (g) whether the dentist or any person referred to in paragraph 2(c) provides only orthodontic treatment;
 - (h) provided the dentist consents to their inclusion, details of any languages, other than English spoken by the dentist.

GENERAL DENTAL PRACTICE AUDIT:

Examples of Clinical Audit Activity stimulated by the General Dental Practitioner Audit Group:

- An audit of general dental service practice response time to patients' perception of an emergency.
- Collaborative evaluation of the quality of referral letters to Glasgow Dental Hospital and their replies.
- Collaborative evaluation of the dental registration status of patients presenting with oral health problems to GPs and Community Pharmacists.

GENERAL DENTAL PRACTICE PEER REVIEW:

Examples of General Dental Practice Peer Review Projects being undertaken by General Dental Practitioners on the Board's list:

- A review to identify specific problems of general dental practice in areas of social deprivation and to devise solutions.
- A review to investigate improvement in the provision of orthodontic treatment for children within the National Health Service.
- A review to evaluate impression technique for crown and bridgework.

DEVELOPMENT OF GENERAL DENTAL PRACTICE

General Dental Practitioners provide primary care dental services to NHS registered patients and to patients who are registered for private dental health care. Currently general dental services provision is widely available to the population of Greater Glasgow.

KEY PRINCIPLES :

- Information on the services available from general dental practices, including emergency and domiciliary services, should be available to patients through such means as practice leaflets.
- Practice premises should be of a good standard, properly equipped and maintained. This should, where possible, include suitable facilities for disabled people.
- Support and advice for practices on premises, equipment and clinical practice is available from the Board's Dental Practice Advisers.
- Reference to the practice complaints procedure within the practice leaflet can help to resolve the need for patients to submit a complaint to the Health Board.
- Practices should be encouraged to provide information regarding the scope of the services provided. The needs of special groups, eg ethnic minorities, should be accommodated.
- Practices should be encouraged to inform patients if their registration is about to lapse.
- Audit and peer review should continue to be supported and developed as everyday working practice involving all General Dental Practitioners and their staff.
- The need for staff empowerment is as relevant for dental practice staff as it is for staff in other areas of the NHS.
- Support for practices undertaking annual Practice Development Plans will be discussed with representatives of the profession.
- Dental practices should be encouraged and supported in research and development to improve dental practice in the Board's area.
- Practices will be encouraged to give consideration to the piloting of new models of providing care under the NHS (Primary Care) Act 1997 and develop services under the development programme for primary care in Scotland, "Primary Care: Agenda for Action".

“CARING FOR PEOPLE” 1989:

“Caring for People” aims:

- To promote the development of domiciliary, day and respite services to enable people to live in their own homes wherever feasible and sensible.
- To ensure that the service providers make practical support for carers a high priority.
- To make proper assessment of need and good case management the cornerstone of high quality care.
- To promote the development of a flourishing independent community care sector alongside good quality public services.
- To clarify the responsibilities of agencies and so make it easier to hold them to account for their performance.
- To secure better value for taxpayers’ money by introducing a new funding structure for social care.

CARE GROUPS:

- Elderly people and people with dementia.
- People requiring mental health care.
- People with learning disabilities.
- People with physical disabilities.
- Children and young people with special needs.
- People with alcohol related problems.
- People with drug related problems.
- People with HIV/AIDS.
- People requiring palliative care.
- People with brain injuries.

NHS COMMUNITY DENTAL SERVICE PROVISION FOR INDIVIDUALS WHO HAVE A SPECIAL NEED:

The NHS Community Dental Service provides a range of oral care for individuals who have a special need and are in vulnerable groups in the population. This includes a local community approach to the promotion of oral health and the prevention of dental disease.

It provides oral health care to those with greatest need, including:

- people who are socially disadvantaged
- those with profound learning difficulties, mental health problems or physical disability
- people who have a medically compromising condition
- children with severe oral health problems
- frail, elderly people
- people who exhibit dental anxiety
- people who are homeless

Community dentists will advise, support and facilitate access to appropriate oral care for such individuals.

COMMUNITY CARE

As the number of people being cared for in the community increases there will be an increased need for the provision of primary dental care, including domiciliary provision, to people in the priority care groups.

KEY PRINCIPLES:

- The Board will encourage all managers or officers in charge of residential homes, nursing homes and supported accommodation to access primary care dental services to ensure that patients receive an appropriate level of oral health care.
- The Board will explore residential and nursing home registration systems to see if they can be developed to include a requirement for access to primary dental care.
- As part of their role to monitor dental health, Community Dental Practitioners will continue to undertake annual mouth examinations for older patients in residential and supported care in order to arrange appropriate treatment.
- As patients are transferred from hospital to community care a good liaison system will be necessary to ensure that their oral health care is maintained without disruption.
- The Board will need to establish liaison between primary care and social services, who will carry much of the responsibility for community care, to ensure satisfactory oral health care is available.

AREA DENTAL COMMITTEE:

Dr D Attwood	Chairman
Mr D Russell	Vice Chairman

OFFICE BEARERS OF THE GDP SUB COMMITTEE:

Dr A G S Coia	Chairman
Mr G Shearer	General Secretary
Dr H F Ballard	Dental Secretary

GENERAL DENTAL PRACTITIONER AUDIT GROUP:

Dr A Coia	Chairman
Dr P Coia	General Dental Practitioner Audit Facilitator
Dr G Taylor	General Dental Practitioner Audit Facilitator

GENERAL DENTAL PRACTITIONER DENTAL PRACTICE ADVISERS:

Dr D D B McLetchie	Dental Practice Adviser
Dr H F Ballard	Dental Practice Adviser

COMMUNITY AND MENTAL HEALTH SERVICES NHS TRUST:

Mr A O Robertson	Chairman
Mr T Davison	Chief Executive
Dr A M Kippen	Director - Community Dental Service

OFFICE BEARERS OF THE GREATER GLASGOW HEALTH COUNCIL:

Mr B Beacom	Convener
J Crawford	Chief Officer

POSTGRADUATE DENTAL CO-ORDINATOR:

Dr D Felix	Postgraduate Dental Co-ordinator
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HEALTH BOARD:

Miss C Renfrew	Director for Commissioning
Mr N McGregor Edwards	Assistant Director for Primary Care Development
Dr L M D Macpherson	Honorary Consultant in Dental Public Health

HEALTH BOARD

The role of the Health Board includes promoting the use of primary care dental services and ensuring the provision of accessible NHS services which meet the needs of the population. It also seeks to provide a high quality service to General Dental Practitioners on the Board's Dental List.

KEY PRINCIPLES:

- The Board will seek to ensure that the population have access to NHS primary care dental services. This will include arranging the provision of emergency dental services for patients who are not registered with a General Dental Practitioner.
- The Board will ensure that the provision of primary care dental services is widely publicised to aid the prevention of unnecessary deterioration of dental and oral health. This will include informing the public of any changes in service provision resulting from the piloting of new models of providing care under the NHS (Primary Care) Act 1997 and the development programme for primary care in Scotland, "Primary Care: Agenda for Action".
- The Board will seek to encourage the population to register with a General Dental Practitioner.
- The Board will ensure that adequate safety net services and services for those with special needs are available.
- The Board will support the promotion of oral health and oral health care.
- The Board will work with General Dental Practitioners and GPs to promote the prevention and early detection of oral cancer.
- The Board will strive to support primary care dentistry and have responsive relations with the Area Dental Committee and all General Dental Practitioners on the Board's List.
- The Board will strive to improve its communication links, support and services to General Dental Practitioners, and will work to reduce bureaucracy.
- The Board will seek to raise the profile and develop the role of General Dental Practice in the provision of primary care and will publish details of General Dental Services provision in its Annual Report.
- The Board will work with General Dental Practitioners' representatives to consider ways of providing training assistance for practice staff.
- The Board will maintain close collaborative working relations with the Community and Mental Health Services NHS Trust. This will include continued review and development of service specifications and discussion on the future provision of primary care dentistry in light of the NHS (Primary Care) Act 1997 and the development programme for primary care in Scotland, "Primary Care: Agenda for Action".
- The Board in conjunction with the Community and Mental Health Services NHS Trust will seek to convey to General Dental Practitioners on the Dental List the scope and environment of the Community Dental Service's primary care provision.
- The Board will promote improved links with the Local Health Council on primary care dental and oral health issues.
- The Board will engage in an educational process with General Dental Practitioners on the implications of the NHS(Primary Care) Act 1997, and the development programme for primary care in Scotland, "Primary Care: Agenda for Action".

KEY TARGETS FOR 1997 - 99

Registration with General Dental Practitioners:

- To investigate the development of a system for obtaining and analysing primary care dental information by locality and sector to identify areas of low registration and to action increased registration.
- To progress achievement of National and Board targets for dental and oral health.
- To publish General Dental Services provision in the Board's Annual Report.

Consultation and Information:

- To provide with the Local Health Council and the profession a practical cost effective method of obtaining patients' views on service provision.
- To publish a more detailed and user friendly Dental List and to regularly update it, ensuring that the needs of ethnic minorities are accommodated.

Education:

- To develop further the health promotion role of General Dental Practitioners, and promote the involvement of General Medical Practitioners, Health Visitors and others in oral health promotion, to enable the delivery of health promotion in a variety of settings.
- To raise awareness of the need for oral health screening amongst older people at risk of oral cancer and to develop training relating to its detection and prevention.

Quality Enhancement:

- To improve support for General Dental Practitioner Audit Facilitators and to promote further development of clinical audit programmes to enhance care.
- To disseminate the results of clinical audit to develop practice.
- To develop guidelines for dentists with regard to preventative strategies for varying risk groups.
- To establish links between the Board and Social Services to ensure adequate service provision for community care patients.
- To ensure the provision of Emergency Services for patients not registered with a General Dental Practitioner.

Service Enabling:

- To explore the potential for joint commissioning of dental services and for practice development re the NHS (Primary Care) Act 1997 and the development programme for primary care in Scotland, “Primary Care: Agenda for Action”.
- To develop and maintain liaison between the Board and the dental profession to facilitate care delivery.
- To support specific integrated care arrangements and to support a more strategic relationship with the Area Dental Committee.
- To identify a senior Board officer to be responsible for overseeing and ensuring the delivery of the Key Targets.

CONCLUSION

This primary care dental services direction statement has been developed by representatives of the General Dental Practitioners on the Board’s List, the Community Dental Service and the Board’s Departments of Public Health, Health Promotion and Family Health Services.

In setting out a series of key principles and key targets the aim of the direction statement is to ensure, further develop and maintain the provision of high quality primary care dental services to the public.