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# Quality, Safety and Improvement Committee

## 16<sup>th</sup> September 2024

# Deep Dive: Dental Public Health Programmes

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# Dental Public Health Programmes Background Slides

# Background Information

## Who we are and what we do...

Role of Dental Public Health is outlined in the [Welsh Health Circular \(2021\) 032](#)

Key areas: Oral Health Improvement, Healthcare Public Health in Dentistry, Quality and Safety (including Quality Improvement), Oral Health Intelligence, Workforce Planning and Development

In term of programmes, Dental Public Health team contributes to 3 key partnership programmes in Wales:

- [Designed to Smile](#)
- [Dental Epidemiology Programme in Wales](#)
- [Dental Reform Programme](#)

All programmes paused during the pandemic and staff redeployed to various roles within the COVID19 response plan.

# Background Information

Who we are and what we do...

## Designed to Smile (D2S)

Provide national leadership to the Designed to Smile (D2S) programme

[Designed to Smile programme delivery - Public Health Wales \(nhs.wales\)](#)

Role is defined in [Welsh Health Circular \(2017\)23: Re-focussing of the Designed to Smile child oral health improvement programme](#)

# Background Information

## Who we are and what we do...

### Dental Epidemiology Programme:

Undertake regular dental epidemiological programmes to determine the current oral health and well-being status of Wales and describe existent inequalities across the life-course ([Welsh Health Circular \(2021\) 032](#))

- National leadership, design, delivery of training and calibration by Public Health Wales (PHW) and Welsh Oral Health Information Unit (WOHIU), Cardiff University School of Dentistry;
- Delivered by Health Boards' Community Dental Services (CDS) in partnership with local authorities, local schools or other settings for ad hoc surveys

### Dental Reform Programme:

Dental Public Health and programme management support into the Welsh Government's (WG) Dental Reform Programme

- Governance and accountability within the WG
- PHW representation on the Strategic Oversight Group and workstreams (in progress)

All three programmes are included in the **PHW IMTP** and Primary Care Divisional Workplan  
Overarching PHW Long Term Strategy strategic priorities for dental public health work: **Promoting healthy behaviours**  
and **supporting the development of a sustainable health and care system focussed on prevention and early intervention**



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# Dental Public Health Programmes Summary

Presenters: Anup Karki and Mary Wilson,  
Consultants in Dental Public Health, Primary Care Division

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# Key Achievements

## Overview

### Designed to Smile (D2S) Programme

Recovery of Designed to Smile programme following impact of the pandemic (Ongoing)

- First national staff study day in 5 years, held in July 2024
- Preparation and training for piloting digital consent, which will run Sept-Dec 2024

### Dental Epidemiology Programme (DEP)

- Delivery of School Year 1 Survey – Complete
- Delivery of School Year 7 Survey – Data collection complete
- Planning of School Year 1 Survey – National Training and Calibration (T&C) in October 2024

### Dental Reform Programme

Dental Public health input into the dental contract reform mandate and planning started for the dental system reform

# Service / Function / Programme Performance

## Overview

### Designed to Smile

Provide strategic advice, national leadership and co-ordination (including innovation e.g. Digital consent)

- National Resources for Designed Smile
- National Steering Committee and Study Day
- Annual monitoring report of Designed to Smile – Q3

### Dental Epidemiology Programme

Provide national leadership and oversight of Dental Epidemiology Programme in Wales, including strategic advice and co-ordination

- Following the national protocol, trained and calibrated field teams in Health Boards examined 9,376 children from 612 primary schools in the school year 2022/23
  - The School Year 1 survey report published

### Dental Reform Programme (Governance within the Welsh Government)

Work with the system partners to provide dental public health leadership, expertise, and support to the NHS dental system reform in Wales

- Strategic objectives for dental system reform are being discussed by the programme board.

# Service user/person/population centred health provision story

## Overview

### Designed to Smile feedback

Feedback is requested from participating nurseries and schools at the end of the academic year. Particularly in CAVUHB, 32 settings responded to an online survey in July 2023.

100% of respondents felt they received enough support and information from the Designed to Smile team, that the toothbrushing guidelines were clear and concise and that they had sufficient stock provided to carry out the toothbrushing. Time pressures to carry out toothbrushing in class every day were the main challenges raised. Some examples of the positive feedback received were:

- Improved oral hygiene
- Promotes health and well-being
- Reassurance that our pupils are brushing their teeth at least once a day
- Educating our pupils on the importance of toothbrushing
- Encouraging families to look after their children's teeth
- Children have become more aware of their oral hygiene and improved toothbrushing techniques.
- As children are toothbrushing at the same time, many children who were reluctant to brush are now happy to and seem to enjoy it. Parents have reported that children are more eager and better at brushing at home since they started at the setting.

# Population centred health story

## Overview

Figure 1: Prevalence of dental caries experience (%d3mft>0) in school year one children 2007/08 to 2022/23

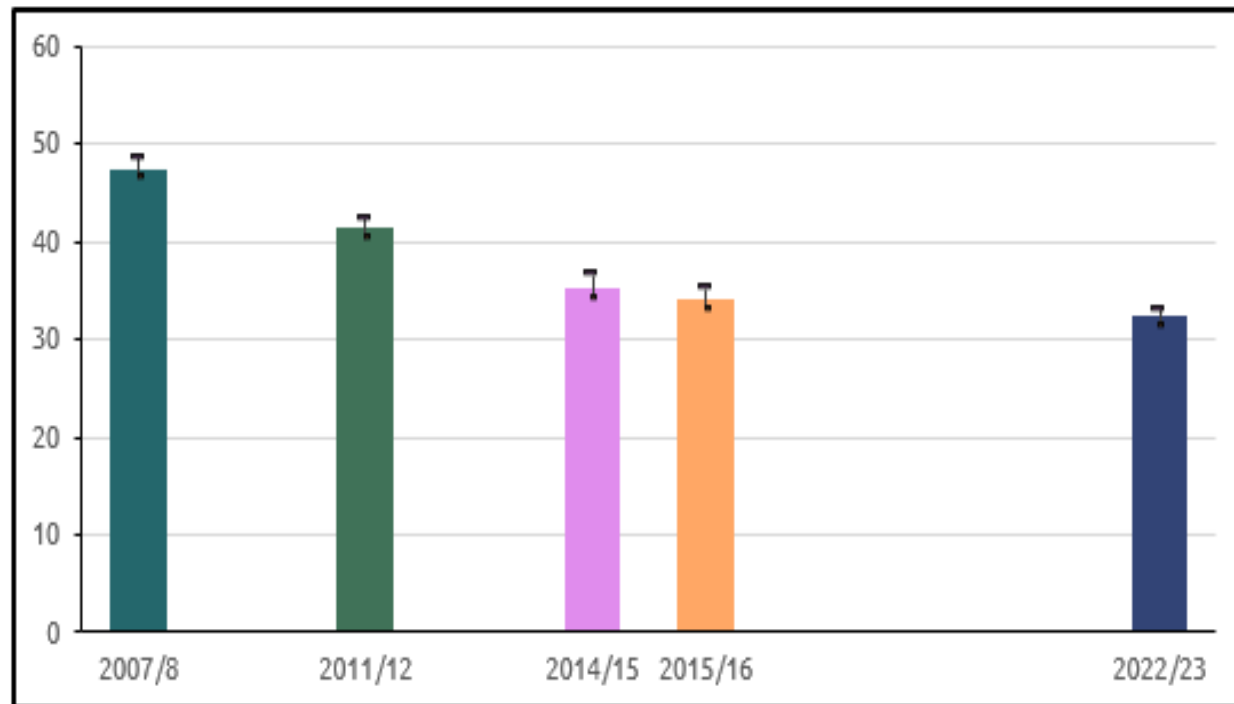


Figure 5: Prevalence of dental caries experience (% d3mft>0) by Local Health Board 2007/08 to 2022/23

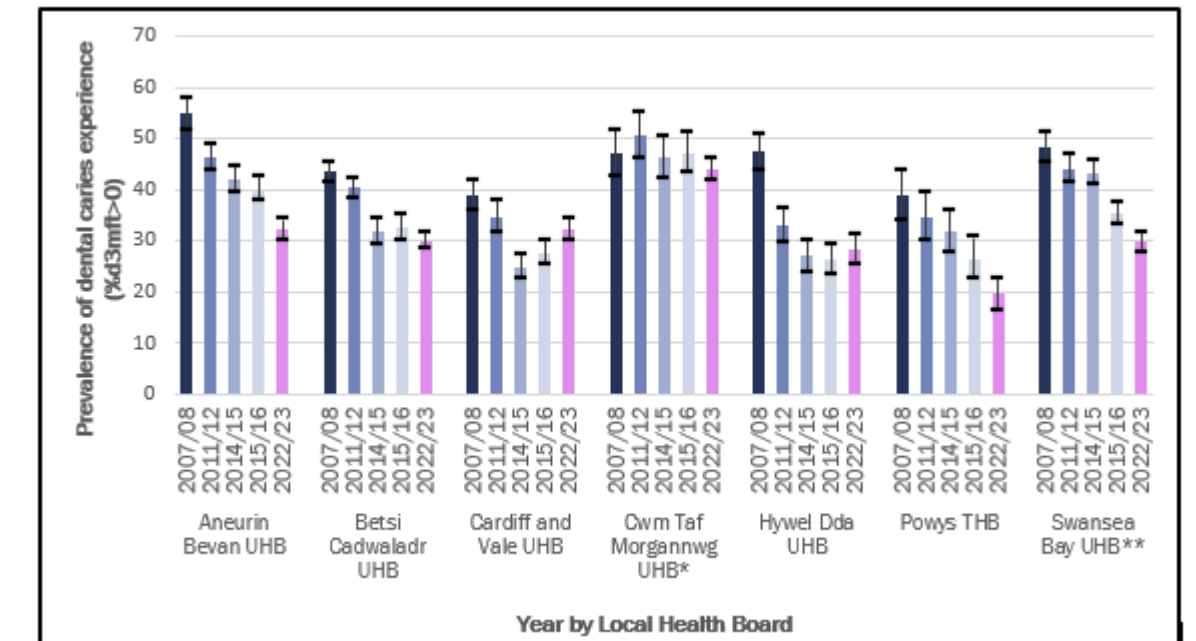
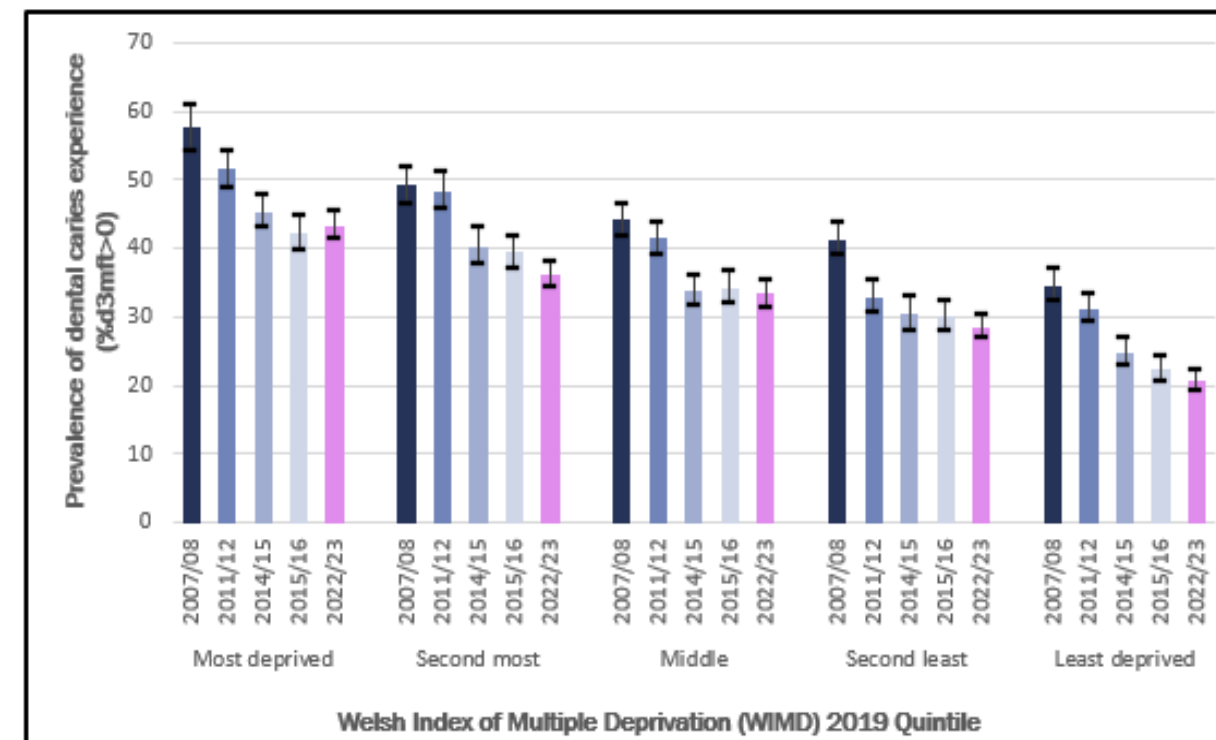


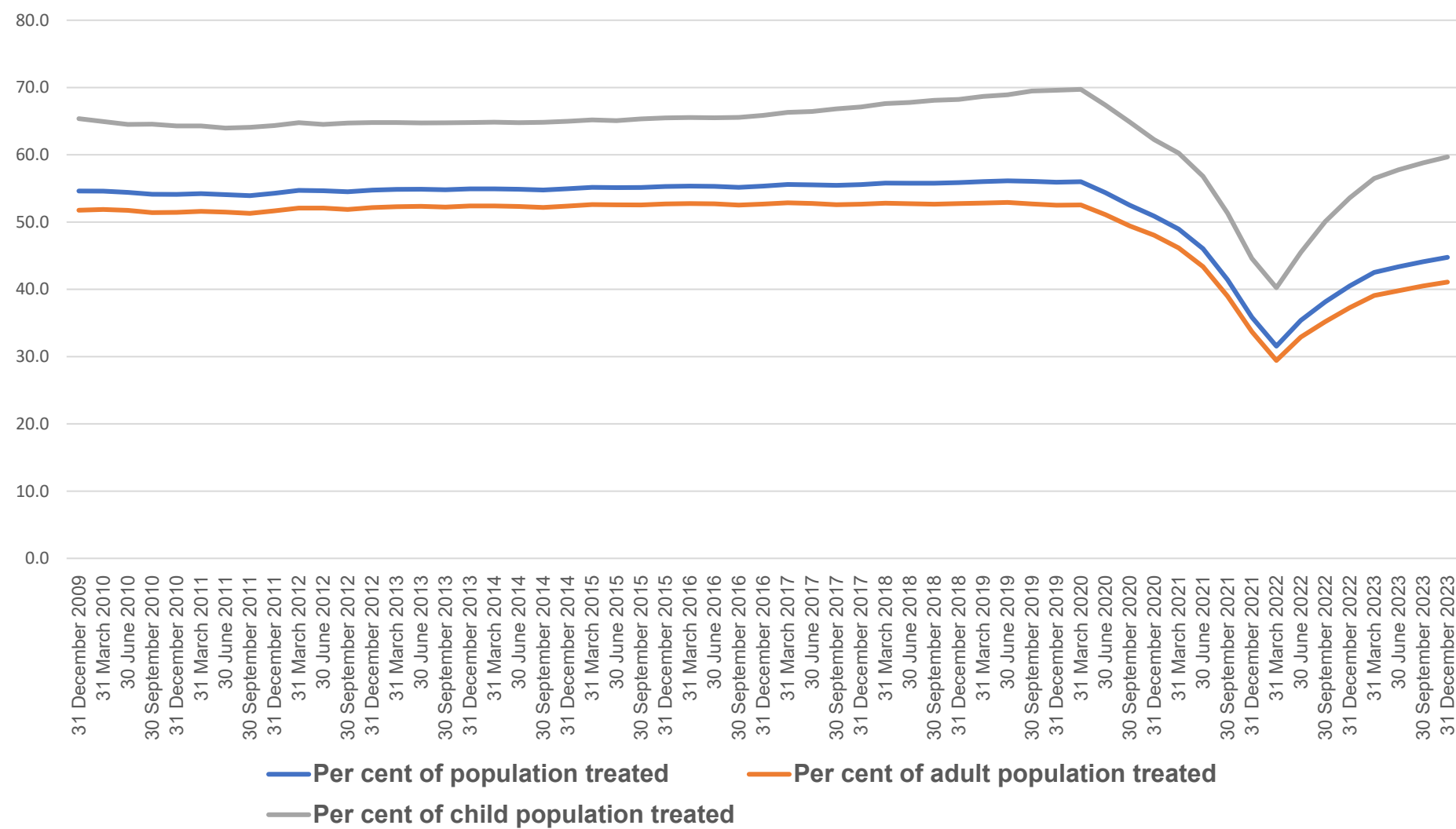
Figure 3: Prevalence of dental caries experience (%d3mft>0) by the Welsh Index of Multiple Deprivation (WIMD) 2019 Quintile 2007/08 to 2022/23



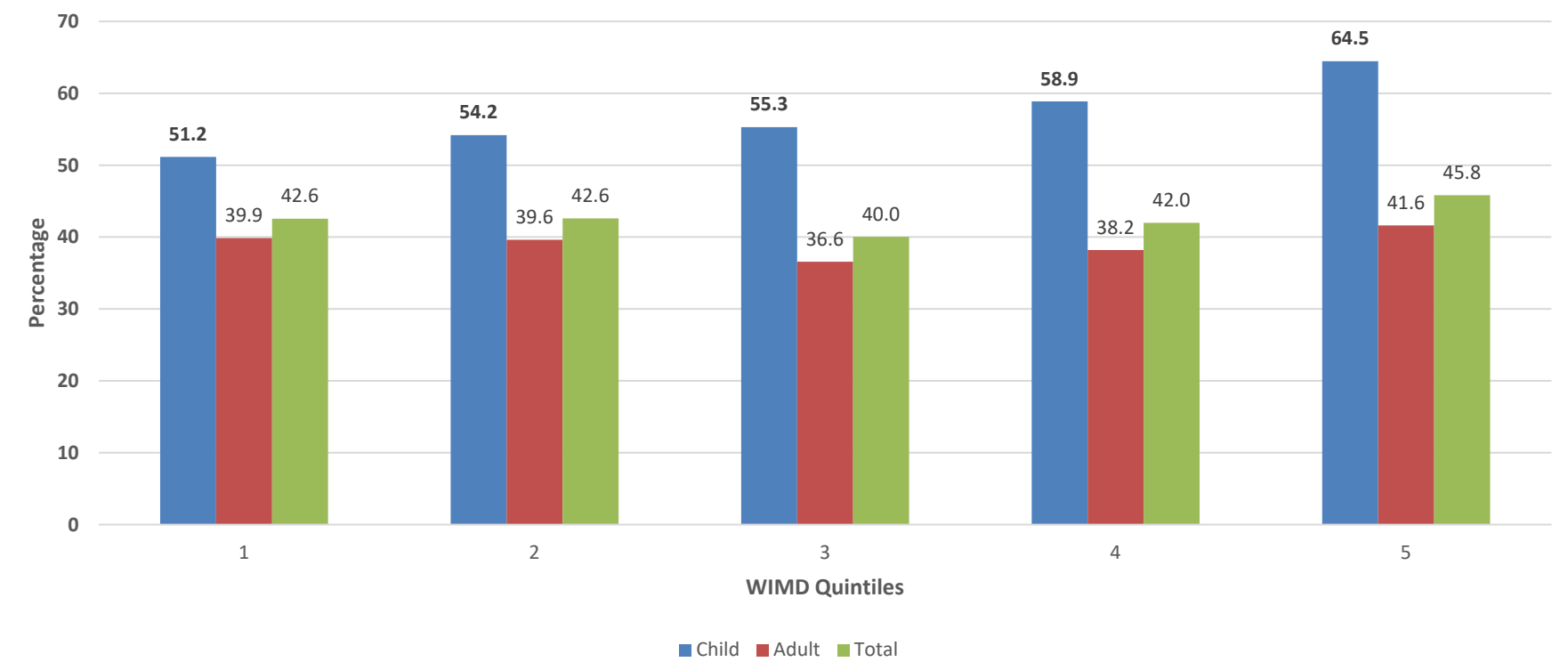
# Population centred health story

## Overview

**% of population seen in 24 months by the General Dental Services in Wales**



**Higher % of children living in the least deprived area were able to access NHS dental care compared to children living in the most deprived areas (2021/22 and 2022/23)**



# Service / Function / Programme risks

## Overview

### Designed to Smile

- Shrinking budget - We have advocated the need to sustain LHBs ring-fenced budgets to Welsh Government, Directors of Public Health, LHB Dental Directors, Clinical Directors of Community Dental Services
- Lack of capacity and expertise to roll-out a robust digital consent process nationally- added to Divisional risk register, issue reported to Public Health Wales' Digital and Data Design Authority (DDDA).

### Dental Epidemiology Programme

- Variation in capacity between Health Boards' Community Dental Services to deliver data collection
- Some schools not willing to share with the CDS their class lists of children citing information governance concerns

### Dental Reform Programme

- Programme risks are discussed by the programme board within the Welsh Government. Public Health Wales has a representation on the programme board

# Next Steps / Future Proofing

## Overview

### Designed to Smile

- Ongoing recovery of the programme to pre-pandemic level and improvement in participation rate- a new project has been initiated to investigate reasons for lack of engagement by schools
- Need to ensure sustained partnership support from the newly revised Welsh Network of Health Promoting Schools and Pre-schools
- Capacity in Health Boards' D2S teams to deliver programme as outlined in the WHC varies- need continued investment and support by LHBs
- In order to progress digital health beyond pilot, we need the capacity and expertise within PHW as well as LHBs. This aligns with sustainability goals.

### Dental Epidemiology Programme and Dental Reform Programme

- Ongoing delivery of Dental Epidemiology Programme
- Population oral health and dental services indicators (a new project)
  - [Welsh Health Circular \(2021\) 032](#) requires the dental public health function to determine inequities present in the provision and utilisation of NHS dental service.
- Two multi-stakeholders workshops held, co-designed oral health and population oral health indicators
- Plan underway to bring in required datasets for regular analyses and outputs

# Asks of the Committee

## Overview

**The committee is asked to note the national leadership and co-ordination role of dental public health team with external dependencies for successful delivery of dental public health programmes**

### Designed to Smile

The committee is asked to:

- note the risks to delivery of D2S due to a shrinking budget, and advocate for full restoration of a ring-fenced budget which includes inflationary uplift
- support requests for increasing Microsoft 365 development resource within Public Health Wales to support implementation of digital solutions, including digital consent in D2S

### Dental Epidemiology Programme

- In addition to the Dental Epidemiology Programme, the committee is asked to take note of expectations on PHW/Dental Public Health team outlined in the Welsh Health Circular (2021) 032 in relation to improving oral health intelligence in Wales
- The committee is requested to support transfer of dental services data from the NHS Business Services Authority (NHSBSA) to Public Health Wales to deliver outputs as envisaged in the [WHC \(2021\) 032](#)
  - determine inequities present in the provision and utilisation of NHS dental service.

### Welsh Government's Dental Reform Programme

- To note ongoing dental public health input into dental services reform in Wales



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# Dental Public Health Programmes Additional Information



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# Designed to Smile Programme

Mary Wilson, Consultant in Dental Public Health

16/09/24

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# Key Achievements in last three months

## Overview

- **First national staff study day in 5 years, held in July 2024**

120 Designed to Smile staff attended from across Wales

96% of attendees said that the format of the event provided the best learning experience

Average rating of 4.84 out of 5 was given for the presentations, and 4.74 out of 5 for the participation and interaction.

97% of attendees said the learning from the event would contribute to maintain professional standards, improve performance, and would contribute to the delivery of improved patient care

*"I think chatting to fellow colleagues especially in the breakout session was beneficial as it was reinforcing that we are all working towards the same goal, discussing problems that we may be encountering and seeing how others deal with similar situations, all to ensure we are providing the best possible care"*

*"I found that this event made every staff member whatever their role or banding feel valued and this positivity will help me maintain and look to improve my performance"*

- **Preparation and training for piloting digital consent, which will run Sept-Dec 2024**

94% of D2S staff think the digital process will make it easier for parents/carers to give consent

94% of D2S staff think it will make participation in D2S easier for teaching staff at nurseries and schools

8 out of 10- the level of confidence the staff members currently have about their own competence in using the new system

# Service / Function / Programme Performance

## Overview

### **IMTP\_079**

*Provide strategic advice, national leadership and co-ordination of oral health improvement programmes such as Designed to Smile*

A Collate data and create annual monitoring report of Designed to Smile

In progress, will be published in Autumn 2024

B Support national D2S staff study day

Completed

C Pilot the use of a digital consent taking process to replace current paper format

In progress, but identifying lack of capacity to move from pilot to roll-out

D Provide strategic advice, national leadership and co-ordination

Ongoing daily role, next national steering committee is in November 2024.

# Service user/person/population centred health provision story

## Overview

**Feedback is requested by participating nurseries and schools** at the end of the academic year. Particularly in CAVUHB, **32 settings responded to an online survey in July 2023.**

100% of respondents felt they received enough support and information from the Designed to Smile team, that the toothbrushing guidelines were clear and concise and that they had sufficient stock provided to carry out the toothbrushing. Time pressures to carry out toothbrushing in class every day were the main challenges raised. Some examples of the positive feedback received were:

- Improved oral hygiene
- Promotes health and well-being
- Reassurance that our pupils are brushing their teeth at least once a day
- Educating our pupils on the importance of toothbrushing
- Encouraging families to look after their children's teeth
- Children have become more aware of their oral hygiene and improved toothbrushing techniques.
- As children are toothbrushing at the same time, many children who were reluctant to brush are now happy to and seem to enjoy it. Parents have reported that children are more eager and better at brushing at home since they started at the setting.

# Service / Function / Programme risks

## Overview

- Shrinking budget- CDPH has advocated the need to sustain LHBs ring-fenced budgets to Welsh Government, Directors of Public Health, LHB Dental Directors, Clinical Directors of Community Dental Services
- Lack of capacity and expertise to roll-out a robust digital consent process nationally-added to Divisional risk register, issue reported to DDDA

# Next Steps / Future Proofing

## Overview

- Ongoing recovery of the programme to pre-pandemic level and improvement in participation rate- a new project has been initiated to investigate reasons for lack of engagement by schools
- Need to ensure sustained partnership support from the newly revised Welsh Network of Health Promoting Schools and Pre-schools
- Capacity in Health Boards' D2S teams to deliver programme as outlined in the WHC varies- need continued investment and support by LHBs
- In order to progress digital health beyond pilot, we need the capacity and expertise within PHW as well as LHBs. This aligns with sustainability goals.

# Asks of the Committee

## Overview

The Committee is asked to take assurance from this presentation and discussion. Queries can be directed to [mary.wilson@wales.nhs.uk](mailto:mary.wilson@wales.nhs.uk)

The committee is asked to:

- note the risks to delivery of D2S due to a shrinking budget, and advocate for full restoration of a ring-fenced budget which includes inflationary uplift
- support requests for increasing Microsoft 365 development resource within Public Health Wales to support implementation of digital solutions, including digital consent in D2S
- appreciate the need to ensure capacity for PHW's national leadership and co-ordination role of D2S



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# Dental Epidemiology Programme

Paul Brocklehurst, Consultant in Dental Public Health

16/09/2024

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# Key Achievements

## Overview

In partnership with key stakeholders esp Health Boards and WG

### Dental Epidemiology Programme

- Recovery of the programme
- National Leadership and co-ordination
- Delivery of School Year 1 Survey – Complete
- Delivery of School Year 7 Survey – Data being analysed

	Data collection during school year
Dental Inspection of children in School Year 1 (Five year old children’s survey)	2022/23
Dental Inspection of children in School Year 7 (12 year old children’s survey)	2023/24
Dental Inspection of children in School Year 1 (Five year old children’s survey)	2024/25
? Dental survey of people living in care homes	2025/26



# Service / Function / Programme Performance

## Overview

### Strategic Objective

- Provide national leadership and oversight of Dental Epidemiology Programme in Wales, including strategic advice and co-ordination

Following the national protocol, **trained and calibrated** field teams in Health Boards examined 9,376 children from 612 primary schools in the school year 2022/23

- The School Year 1 survey report published
- The report communicated to key stakeholders and the results of the Year 1 (5-year olds') survey were presented to the Directors of Public Health on the 17th of May.

The data collection for the Year 7 (12-year-old) Dental Epidemiological Programme is now complete. 5,139 children have been examined from 168 schools. 80.7% of children sampled agreed to participate.

- The School year 7 survey report will be published by end of 2024/25 financial year

Training and Calibration for School Year 1 Survey – October 2024

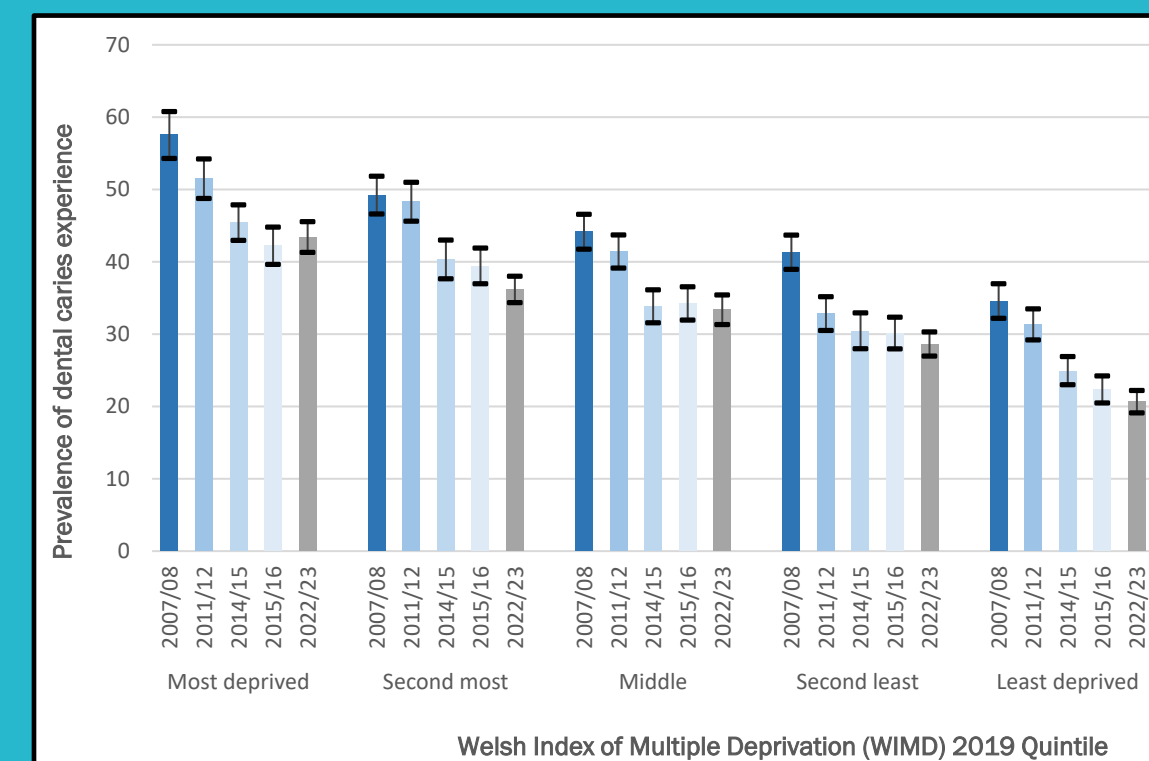
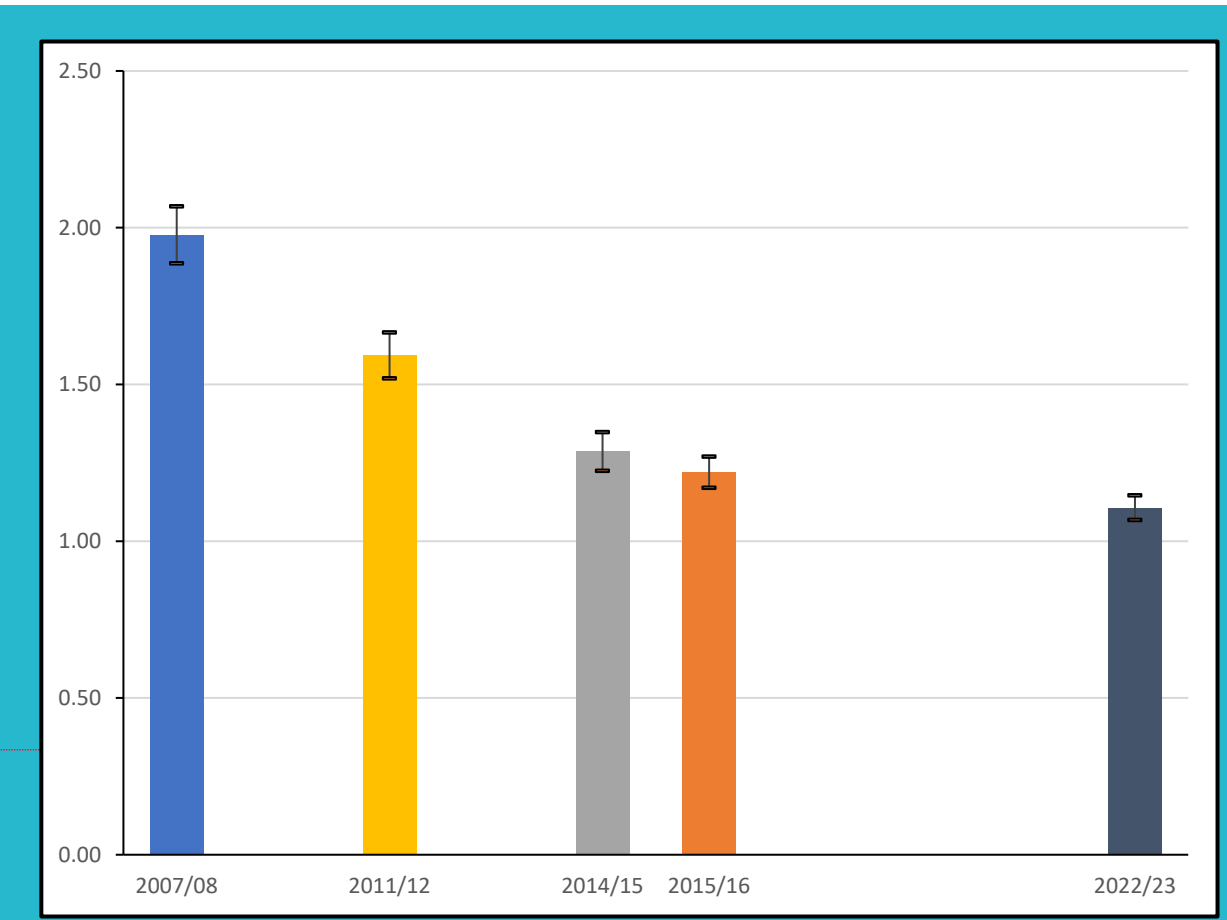
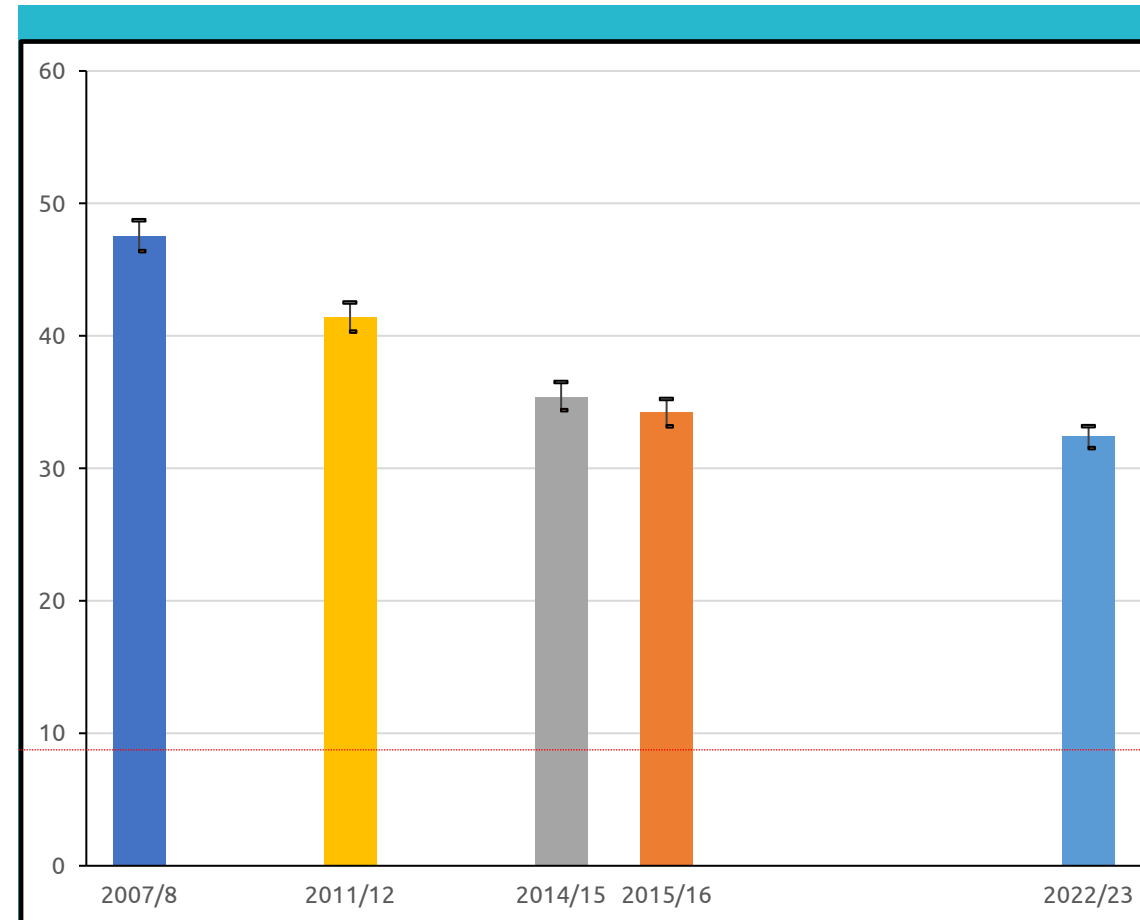
# Epidemiology Y1 survey

9,376 children from 612 state-maintained mainstream schools were examined during the inspection in the school year 2022/23

The first of three headline messages is that the **prevalence** of dental caries has reduced to 32.4%, but no statistically significant difference between 2015/16 and 2022/23

The second headline message is that the **severity** of dental caries has reduced to 1.1, which is statistically significant between 2015/16 and 2022/23

The third message is that the social gradient has not changed i.e. children in deprived areas have most of the disease (tooth decay)

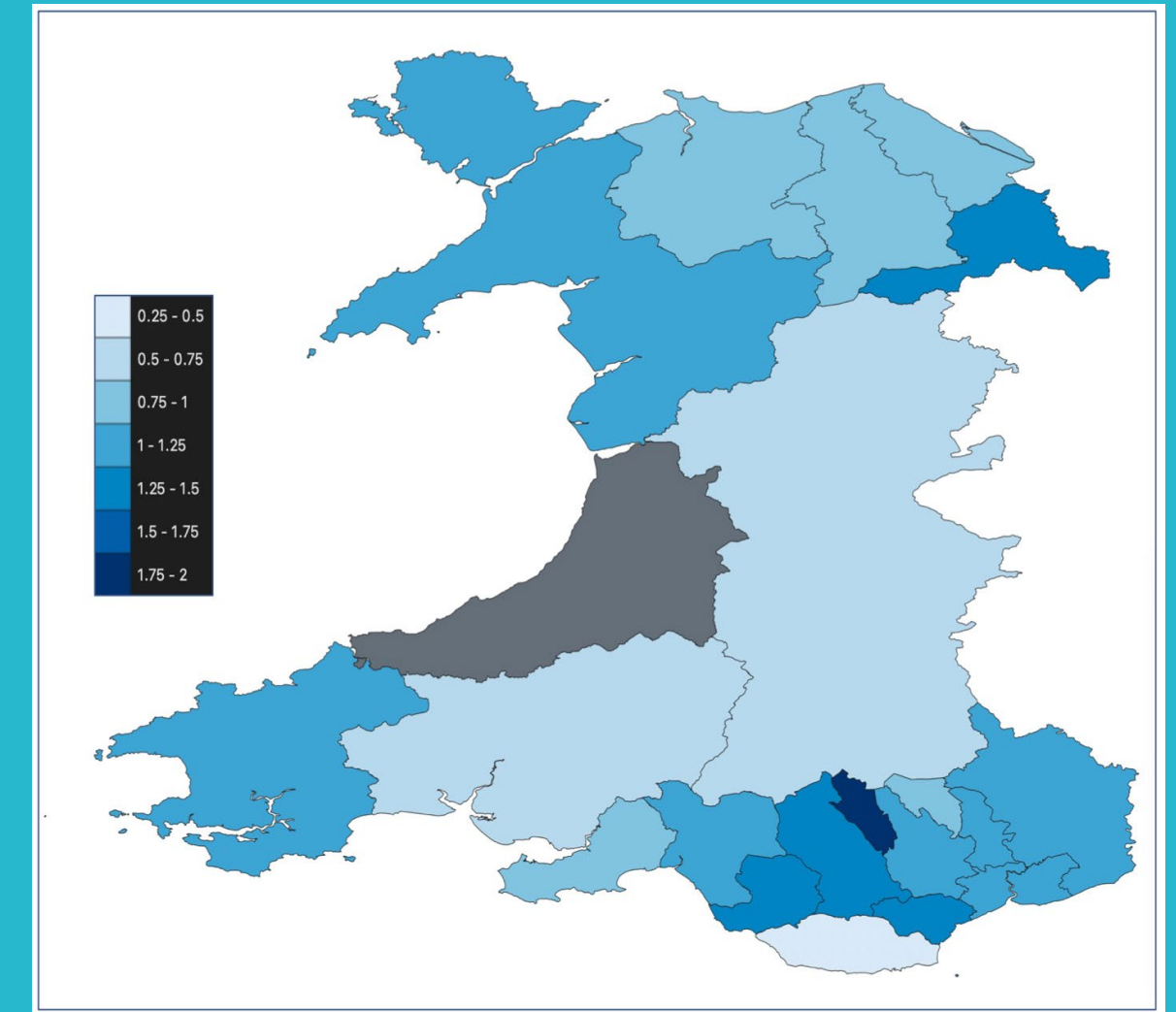
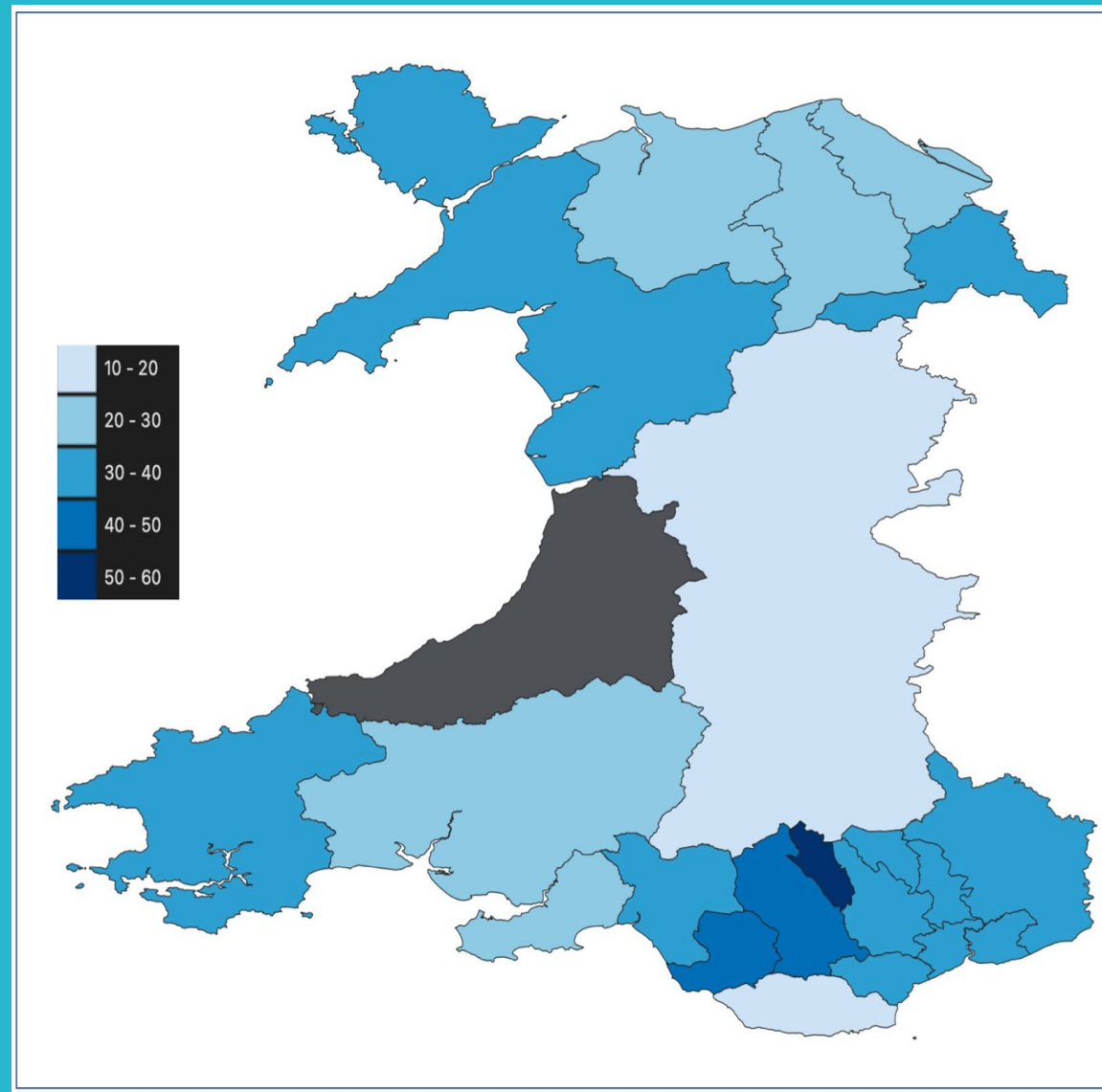


# Epidemiology Y1 survey

Dental caries **prevalence** ranges from 17.8% in the Vale of Glamorgan to 50.2% in Merthyr Tydfil

Dental caries **severity** (across all children sampled) ranges from 0.42 in the Vale of Glamorgan to 1.9 in Merthyr Tydfil

We also looked at whether dental caries has any impact on the child's emotional, psychological or familial health. Across Wales, 18.4% of those surveyed had one or more impacts due to the disease (approaching 1 in 5)



# Oral health intelligence

Across the life-course in Wales we have access to four main sources of information:

## 1 – EPIDEMIOLOGICAL information from the Dental Epidemiological Programme (records extent and severity)\*

- a - Y1 survey 2007/8; 2011/12; 2014/15; 2015/16; **2022/23**
- b - Y7 survey 2004/5; 2008/9; 2012/13; 2016/17; **2023/24**
- c - Other age/population groups

\*in conjunction with the Welsh Oral Health Information Unit

## 2- GENERAL ANAESTHETIC EXTRACTIONS FOR CHILDREN

## 3-ORAL CANCER STATISTICS

**4 - PRACTICE-BASED** information from the Business Services Authority, which collects data on need and activity which all general dental practitioners complete



**Oral health of 5-year-old children in Wales 2022-23: Summary**  
 Oral Health Intelligence, Public Health Wales  
 Welsh Oral Health Information Unit, Cardiff University  
 January 2024  
 Version 0.3

**Oral health of school year one (5-year-old) children in Wales 2022-23**

**Who was examined?**  
 9,376 children were examined from 612 state-maintained schools across Wales (approximately 1 in 3 children).\*

**How did we measure oral health?**  
 We counted the number of teeth that either had tooth decay or had teeth that had been filled or extracted due to the disease. We then calculated how many children had decayed, missing or filled teeth across Wales (known as prevalence) and calculated the mean number of teeth affected by tooth decay per child (known as severity).

**Prevalence of tooth decay**  
 Since 2007/8, there has been a reduction in the prevalence of tooth decay. Just under 1 in 3 children examined were affected by tooth decay. **32.4%**

**Severity of tooth decay**  
 Across all the children examined, approximately 1 tooth was affected by tooth decay (light blue column). Children with tooth decay had approximately 3 1/2 teeth affected by the disease (dark blue column). Since 2007/8, there has been a reduction in the severity of tooth decay.

**Oral health inequality across Wales**  
 Children from deprived backgrounds experience higher levels of prevalence and severity of tooth decay. This pattern has not changed since 2007/8.

**Distribution of prevalence and severity across Wales**  
 Prevalence and severity of tooth decay varied across Wales. The prevalence of children with tooth decay ranged from 19.6% in Powys THB to 44.0% in Cwm Taf Morgannwg UHB. The severity of tooth decay ranged from 0.64 in Powys THB to 1.54 in Cwm Taf Morgannwg UHB.

**Impact of tooth decay across Wales**  
 Tooth decay had a negative impact on **18.4%** of the children examined (approaching 1 in 5).

**PICTURE OF ORAL HEALTH 2023**  
 DENTAL EPIDEMIOLOGICAL INSPECTION OF SCHOOL YEAR ONE (5-YEAR-OLD) CHILDREN IN WALES 2022/23  
 Technical report

# Programme risks

## Overview

- Capacity of the Community Dental Services (CDS) in Health Boards – variation between health boards
- Some schools not willing to share with the CDS their class lists of children citing information governance concerns

# Next Steps / Future Proofing

## Overview

**Ongoing delivery of regular dental inspection of children (Dental Survey of School Year 1 and Year 7 Children in Wales)**

**New Oral Health Intelligence function**

### **1. Population oral health and dental services indicators (a new project)**

Welsh Health Circular (2021) 032 requires the dental public health function to determine inequities present in the provision and utilisation of NHS dental service.

Two co-design workshops were undertaken in March and April 2024 with representations from the Directors of Public Health, Directors of Primary Care and other Health Board representatives, Health Education and Improvement Wales (HEIW), Welsh Government (WG), Academia (Cardiff University School of Dentistry).

Population oral health and dental services indicators co-designed (please see additional information)

Importing of datasets following completion of the Data Protection Impact Assessment (DPIA) and appropriate sign off

Plan for regular feed of data and development of interactive maps/dashboard.

# Co-Design Workshops: Oral health and dental services indicators



Framed in a 'duty of quality' language that speaks to the issues mandated by Welsh Government and that are required by the Health Boards to be implemented

Theme	Description	Indicator	Region	Timeframe	Data source
<b>Patient safety</b>	"Avoid/mitigate/minimise harm or adverse effects/events"	1-Number of items prescribed per CoT	HB and national level	Every six months	Shared services
<b>Effectiveness</b>	"Maximise health outcomes based on needs and preferences of patients/population"	2-Prevalence of dental caries Y1 children	HB and national level	Survey cycle	DEP
		3-Prevalence of dental caries Y7 children	HB and national level	Survey cycle	DEP
		4-Severity of dental caries Y1 children	HB and national level	Survey cycle	DEP
		5-Severity of dental caries Y7 children	HB and national level	Survey cycle	DEP
		6-Prevalence of untreated disease Y1 children	HB and national level	Survey cycle	DEP
		7-Prevalence of untreated disease Y7 children	HB and national level	Survey cycle	DEP
		8-Proportion with >=1 impact on ECOHIS Y1 children	HB and national level	Survey cycle	DEP
		9-Proportion ACORN 3G children (<18)	HB and national level	Six monthly	BSA
		10-Proportion ACORN 3G adult (18+)	HB and national level	Six monthly	BSA
		11-Proportion ACORN >=1R child (<18)	HB and national level	Six monthly	BSA
		12-Proportion ACORN >=1R adults (18+)	HB and national level	Six monthly	BSA
		13-Two FV applications for children (<18)	HB and national level	Annual	BSA
		14-Proportion regular adults (18+) who access GDS	HB and national level	Annual	BSA
		15-Proportion regular children (<18) who access GDS	HB and national level	Annual	BSA
		16-Proportion urgent adults (18+) who access GDS	HB and national level	Annual	BSA
		17-Proportion urgent children (<18) who access GDS	HB and national level	Annual	BSA
		18-Distance from patient to practice	HB and national level	Annual	BSA
		19-Number of XGAs per child population (<18)	HB and national level	Annual	eRMS and HB contacts
		20-Proportion of late-stage oral cancer diagnosis	HB?? and national level	Annual	Observatory and Cancer Analysis Team (OCAT)
		<b>Efficiency</b>	"Maximising outputs compared to inputs"	21-Number on waiting list of Dental Access Portal (18+)	HB and national level
22-Number on waiting list of Dental Access Portal (<18)	HB and national level			Six monthly	Dental Access Portal
		23-Referral to Treatment (RTT) for oral cancer	National	Annual	OCAT and Digital Healthcare Wales
<b>Patient-centeredness</b>	"Shared decision making so individual preferences and needs are respected"	24-BSA questionnaire regular adults (18+)	National	Annual	BSA
		25-BSA questionnaire urgent adults (18+)	National	Annual	BSA
<b>Timeliness</b>	"Reduce delays in access or utilisation of care"	26-Actual attendance for ACORN red caries (18+)	HB and national	Six monthly	BSA
		27-Actual attendance for ACORN red caries (<18)	HB and national	Six monthly	BSA
		28-Actual attendance for ACORN red perio (18+)	HB and national	Six monthly	BSA
		29-Waiting time on Dental Access Portal (18+)	HB and national level	Six monthly	Dental Access Portal
		30-Waiting time on Dental Access Portal (<18)	HB and national level	Six monthly	Dental Access Portal
<b>Inequalities and Equitable care</b>	"Health and service provision should not vary systematically according to socio-economic status, geography or personal characteristics"	31-Prevalence Y1 children by WIMD	HB and national level	Survey cycle	DEP
		32-Prevalence Y7 children by WIMD	HB and national level	Survey cycle	DEP
		33-Severity Y1 children by WIMD	HB and national level	Survey cycle	DEP
		34-Severity Y7 children by WIMD	HB and national level	Survey cycle	DEP
		35-Untreated caries Y1 children by WIMD	HB and national level	Survey cycle	DEP
		36-Untreated caries Y7 children by WIMD	HB and national level	Survey cycle	DEP
		37-Proportion regular access to GDS (18+) by WIMD	HB and national	Annual	BSA
		38-Proportion regular access to GDS (<18) by WIMD	HB and national	Annual	BSA
		39-Proportion urgent appointments (18+) by WIMD	HB and national	Annual	BSA
		40-Proportion urgent appointments (<18) by WIMD	HB and national	Annual	BSA
		41-Proportion of eligible children participating in D2S	HB and national	Annual	Designed to Smile

# Asks of the Committee

## Overview

- The committee is asked to take a note of national leadership and oversight role of dental public health team and external dependencies on successful delivery of the Dental Epidemiology Programme
- In addition to the Dental Epidemiology Programme, the committee is asked to take note of expectations on PHW/Dental Public Health team outlined in the Welsh Health Circular (2021) 032 in relation to improving oral health intelligence in Wales
- The committee is requested to support transfer of dental services data from the NHSBSA to Public Health Wales to deliver outputs as envisaged in the WHC (2021) 032:
  - determine inequities present in the provision and utilisation of NHS dental service.

# Dental Reform Programme

Anup Karki, Team Lead and Consultant in Dental Public Health

16/09/24

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# Key Achievements

## Overview

In partnership with key stakeholders esp Health Boards and WG

### **Welsh Government's Dental Reform Programme**

- Predecessor programme General Dental Services (GDS) Reform Programme, hosted by Public Health Wales, played a key role in integrating risk and needs assessment and delivery of some aspects of prevention by majority of dental practices in Wales (Started Sept 2017)

We have provided input into the NHS-WG mandate for dental contract negotiation - ongoing  
- delivery of prevention to be included in the dental contract

Ongoing input for transition from dental contract reform to dental system reform

- Advocacy for population focus including reduction in inequities in dental care access and outcomes to be included as one of the key strategic objectives of the dental system reform (ongoing)

# Service / Function / Programme Performance

## Overview

### IMTP

**Work with the system partners to provide dental public health leadership, expertise, and support to the NHS dental system reform in Wales**

### **Dental Reform Programme (Governance within the WG, input from the dental public health team)**

- New dental contract negotiations ongoing (?informed by learning so far?)
- New programme structure with workstreams and linkage to wider relevant projects being developed
- Strategic Oversight Group (co-chaired by WG Deputy Director of Primary Care and CTMUHB Director of Primary Care and Mental Health)
- Strategic objectives for dental system reform being discussed.

**Primary Care Reform Alignment Group**  
 (BDA Wales Director, CDO, WG Director of Primary Care)

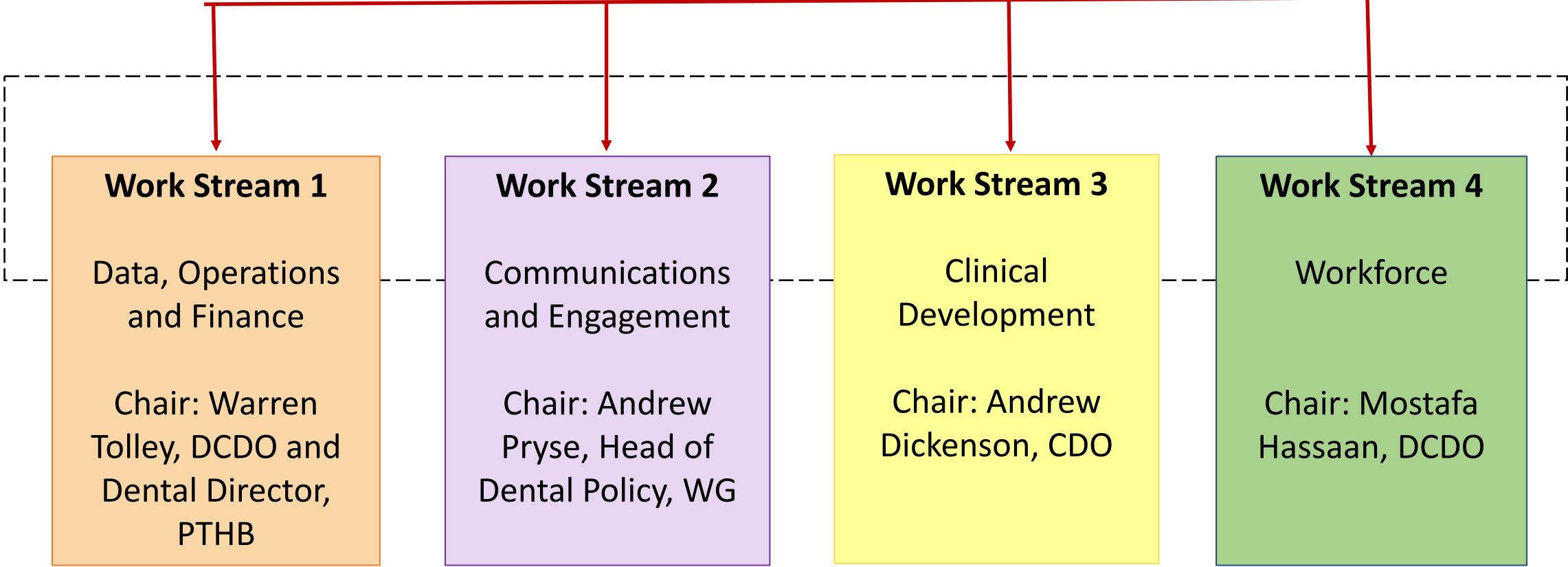
**National Primary Care Board**

**Dental Strategic Oversight Group**  
 Co-Chairs: Julie Denley, Director of Primary Care, CTMUHB and Paul Casey, Deputy Director of Primary and Community Care, WG.  
 Professional Lead: CDO – Andrew Dickenson

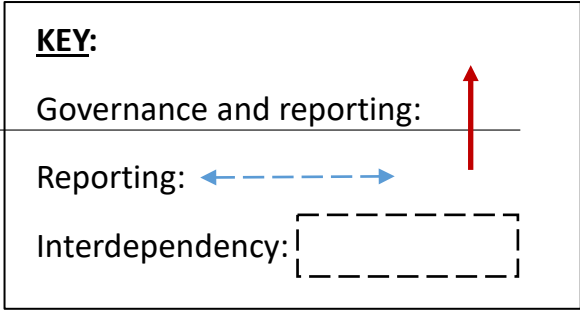
**Strategic Programme for Primary Care**

**Programme Coordinating Group**  
 Chair – Andrew Dickenson, CDO, WG

**\*CDO and WG Dental Branch**  
 Dental Policy and national plan, legal, regulatory issues and plan for amendments



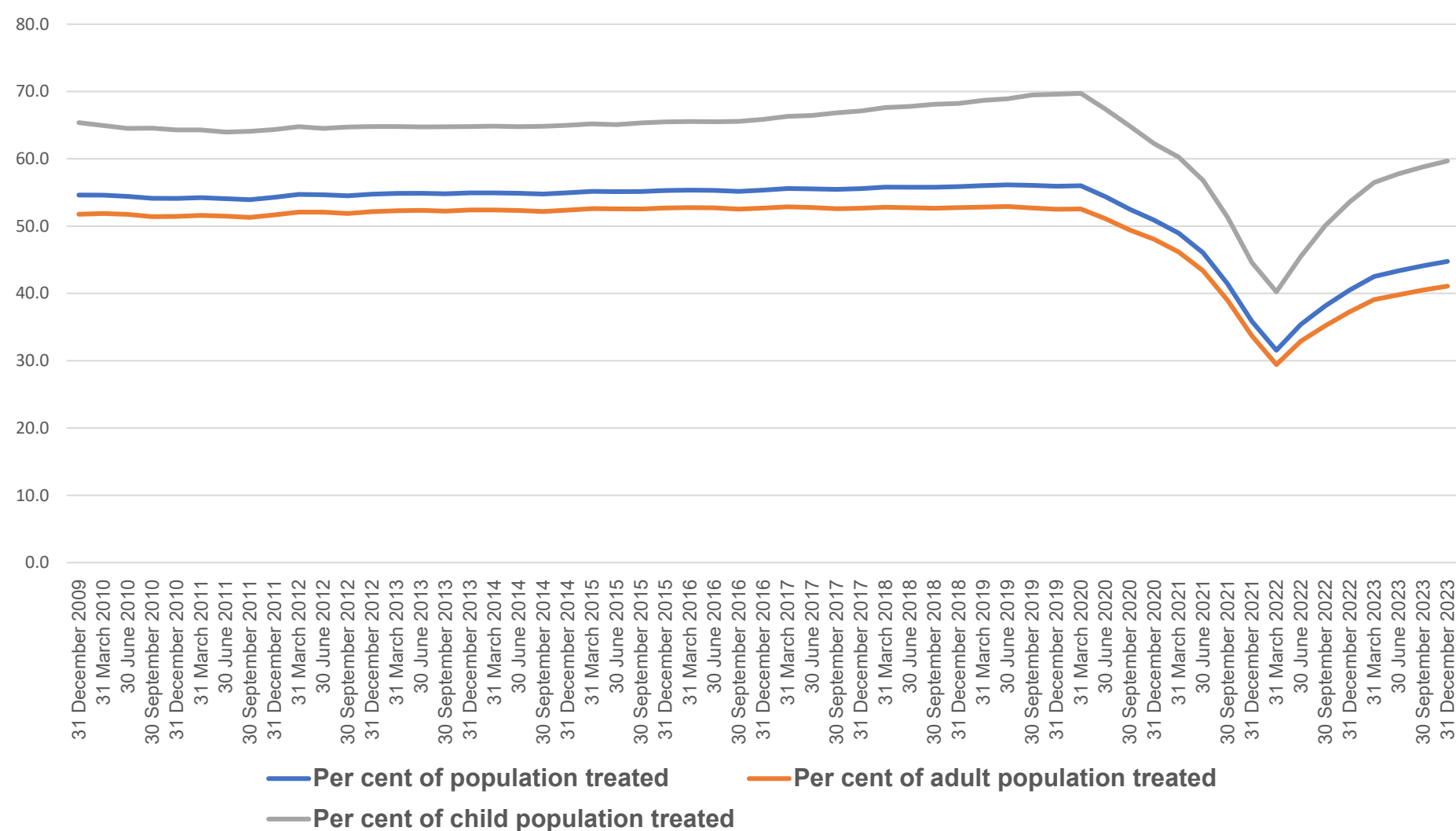
**Other relevant work areas, including, but not limited to:**  
 Any GDS Projects in HBs, 111 Dental Project, D2S, Dental Projects within DHCW and other relevant groups



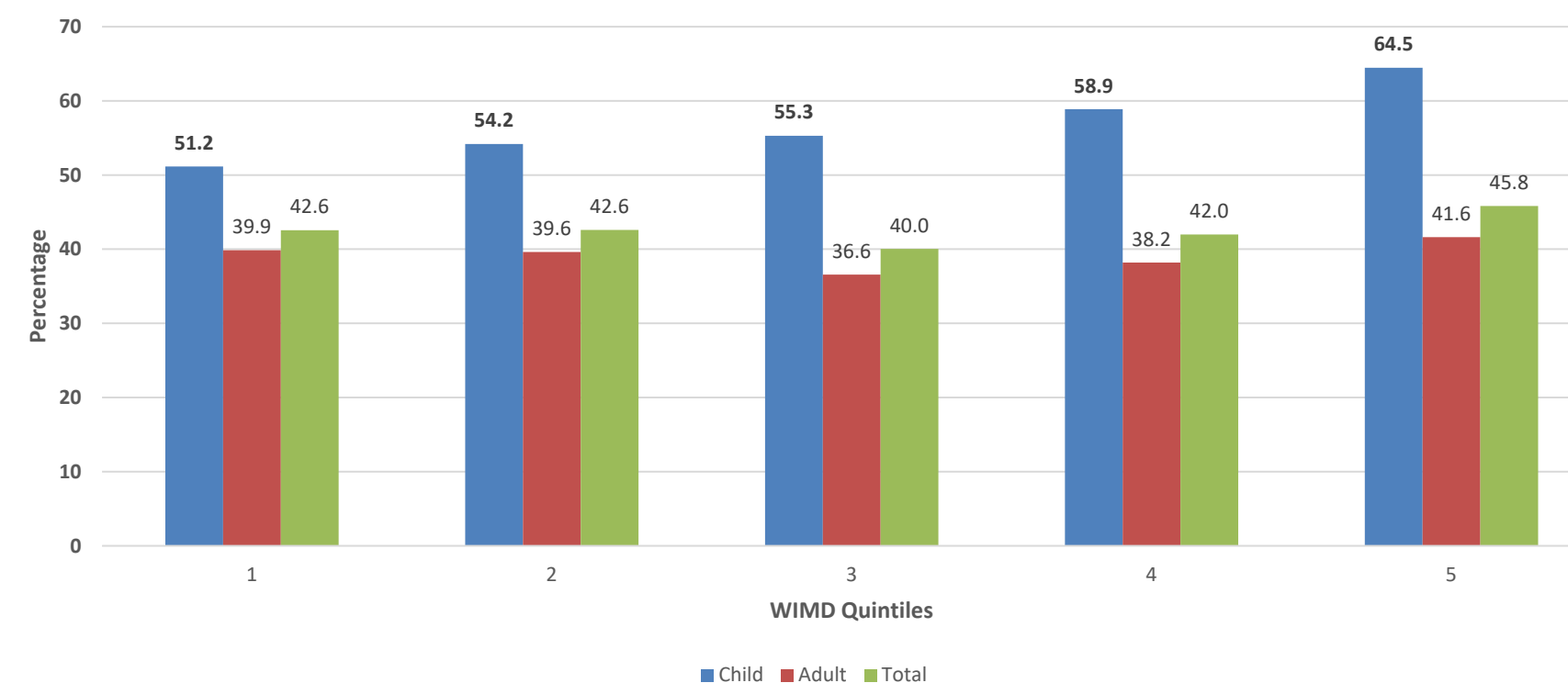
# Service user/person/population centred health provision story

## Overview

% of population seen in 24 months by the General Dental Services in Wales



Higher % of children living in the least deprived area were able to access NHS dental care compared to children living in the most deprived areas (2021/22 and 2022/23)



# Programme risks

## Overview

Governance of the dental reform programme sits within the Welsh Government. PHW provides dental public health advice and programme management support.

Dental System Reform programme is being developed as dental contract negotiations are ongoing between the NHS Wales-WG and the British Dental Association. There are uncertainties associated with unknowns about the new dental contract, uptake of NHS dental contract by dental practices, its implementation and whether overall dental services planning will have a population focus or not.

Unknown at this stage how dental services will work with wider primary, community and social care to improve patient experience, overall health and care and their outcomes as well as overall population health outcomes.

# Next Steps / Future Proofing

## Overview

- Strategic objectives owned by all stakeholder organisations (and integrated monitoring and accountability)
- Ongoing Dental Public Health input into the Dental System Reform Programme to ensure the programme has continued population/healthcare public health focus: needs based planning and proportionate allocation of resources, evidence and data informed decisions, focused on prevention and outcomes, equitable care (including outcomes)
- Creating a learning dental and oral health system

# Asks of the Committee

## Overview

- The Committee is asked to take assurance that dental public health input into the Welsh Government's Dental Reform Programme is seeking to influence the nature of the dental contract as well as overall dental system reform in Wales. We report through the IMTP process.
- The committee is asked to note the risks in relation to uncertainties associated with new dental contract, overall dental services planning including how dental services will work with wider primary and community services in the neighbourhood.
- The committee is asked to take a note of dental public health role in a complex dental services reform programme within the context of wider primary and community care transformation programme in Wales.



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i greu Cymru iachach

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for a healthier Wales