



NHS Grampian & NHS Highland

Special Care Dentistry Needs Assessment

Enhancing the provision of dental care for the
vulnerable population

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1 Aim

The aim of a Health Needs Assessment is to identify the unmet health and health-care needs of a population and make recommendations to meet these un-met needs. It also maximises the appropriate and effective health care currently provided to address the unmet need. This paper is investigating the unmet health and health-care needs of patients requiring Special Care Dentistry in NHS Grampian and Highland to enhance the provision of dental care for vulnerable groups in this area

2 Objectives

The objectives of this Needs Assessment are as follows;

1. Develop a working definition and scope for the Special Care Dentistry Needs Assessment in Grampian and Highland
2. Identify the conditions and groups of patients that fall within this definition and would require care from the Public Dental Service
3. Determine the incidence and prevalence for the identified conditions and patient groups in the present time and in the medium term on the basis of populations projections in Grampian and Highland
4. Describe the current service delivery model- premises and facilities, staff and skills, and activity levels
5. Undertake a gap analysis (explore the met and unmet needs) and identify models for future service provision in Grampian and Highland
6. Identify resources- workforce and financial- to support future service models in Grampian and Highland
7. Determine the perception of key stakeholders on the strengths of the service and the opportunities for further development

3 What is Special Care Dentistry?

Special Care Dentistry is defined by the Specialist Advisory Committee for Special Care Dentistry in the Royal College of Surgeons England as

“the preventive and treatment in oral care services for people who are unable to accept routine dental care because of a physical, intellectual, medical, emotional, sensory, mental

or social impairment, or a combination of these factors. Special Care Dentistry is concerned with the improvement of oral health of individuals and groups in society who fall within these categories. It requires a holistic approach that is specialist led in order to meet the complex requirements of people with impairments. It pertains to adolescents and adults, as the care of children with disabilities and additional needs sits within the domain of the specialty of paediatric dentistry”

3.1 The Special Care Dentistry Speciality

Special Care Dentistry is a relatively new speciality in dentistry. It was formally recognised by the General Dental Council in September 2008, with the specialist list opening in October 2008. Special Care Dentistry takes a comprehensive, holistic approach to dental treatment, as outlined in the definition above. It is appropriate that the treatment of these the patients will draw on expertise across a wide variety of disciplines in dentistry and social care. It is important, therefore, to create the right group of staff with the right skills to provide appropriate care for this group of patients.

A Specialist in Special Care Dentistry has specialised knowledge and experience in the oral and dental care of adults with special care needs. Many have additional qualifications and all Specialists in the UK are included in the Special Care Dentistry Specialist Register held by the General Dental Council (GDC). The current requirement for entry into this list is a minimum of three years of specialist-level training and qualification, or evidence of equivalence. Specialists may work in a number of services, but are mainly in the Public Dental Service (PDS) and Dental Hospitals.

3.2 Population

The Special Care population is a diverse group of patients which includes people with complex medical problems, homeless people, frail older people and those with anxiety, and people with physical, sensory, intellectual, and social impairments. The oral and dental health needs of the special care population can be challenging due to their medical, emotional or social needs and can be managed either in the General Dental Service in dental practice, the PDS, or, occasionally, in Secondary Care.

4 Background

The planning and delivery of Special Care Dentistry is supported by legislation, by the Disability Discrimination Act 1995 (2002) and the Equality Act 2010.

The Equality Act 2010 defines a disability as “a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on the ability to do normal daily activities”. The act states that service providers are required to make changes, where needed, to improve their service for disabled customers, in this case patients. There is a legal requirement to make reasonable changes to policy, to the environment (such as making changes to the structure of a building to improve access) and to provide auxiliary aids and services (such as providing information in an accessible format, an induction loop for customers with hearing aids, special computer software or additional staff support when using a service).

There are also a number of key national strategy and guidance documents relevant to Special Care Dentistry. The 2005 Dental Action Plan acknowledged the inequalities experienced by patients in this group and pledged to provide dedicated services for those patients with additional or special needs. The 2012 National Oral Health Improvement Strategy for Priority Groups from the Scottish Government described a range of programmes, targeted at preventing oral disease for certain priority groups including those with Special Care Needs. This Priority Strategy estimates that 18.5% of the Scottish Population, over 952,000 people, suffer a long standing illness, health problem or disability with over 37,000 people living in care homes. This document recommended that arrangements should be in place for patients to access routine dental care in the first instance, only accessing specialist care where it is not available in primary care.

Lastly, the Public Dental Service Planning Guidance in 2013 from the Scottish Government required that NHS Boards ensured that NHS dental Services were available to those who required them, including the most vulnerable in society.

5 Delivery of Services in NHS Grampian and Highland

The mid-2014 population of NHS Grampian and Highland amounted to 888,994, distributed in a diverse geographical area with two urban areas near the cities and large regions of sparsely populated rural areas. This is a challenging area both in terms of geographical isolation and travelling difficulties to areas of inequalities concerning social situations and access of services.

While NHS Grampian and NHS Highland operate as separate entities, the wider area is used to network working and travelling to other areas for service (as the Island populations currently do for services in Aberdeen).

The North of Scotland currently has a very varied service for Special Care Dentistry across the NHS board areas of Grampian and Highland. An over- all objective however, is to

provide, and support, a robust framework for Special Care Dentistry services across the North of Scotland. This would aim specifically to provide:

- A preventive based dental service, in the first instance, with care as close to patient's home base as possible, in the most appropriate environment with appropriately trained staff.
- Patients' appointments with minimal loss of time from employment and their home setting, particularly for those patients with multiple issues (e.g. medical or social) who require multiple appointments. Patients' carer's situations should also be taken into consideration.
- To be mindful of the burden of appointments on patients (and carers) and attempt to streamline pathways to aim to deliver dental assessment or treatment, if at all possible on the same day and possibly the same location.
- To allow more equitable access for patients (and carers) to specialist dental care.

5.1 Grampian

Grampian had a mid-2014 projected population of 578,164, and includes some of the most deprived areas in Scotland. Population forecast highlights that the population of Grampian is changing; with decreases in children aged 0-14 years and increases in those aged over 65 years from levels estimated in 2006.

Significant proportions of individuals aged 65 years and over in Grampian have one or multiple long term conditions and this is bound to increase in the future due the fact that this population group is increasing and people are also living longer. Fifty two percent (52%) of women and 48% of men aged 70 years and over have long standing illnesses.

5.2 Highland

The mid- 2014 population of Highland was 310,830 of which the adult population (over 16 years) was 257,444. There is a high elderly population with 8.8% of the population being over 75 years and 8.5% of the total adult population consider themselves housebound. 3.7% of the adult population are considered disabled. It is an area of high social deprivation (14.7% of the population by SIMD) and has 51% of the population living in a rural area with high access deprivation (14.8%) in general.

5.3 Incidence and Prevalence of Special Care Dentistry

There is no single register for disability, and a proportion of people with a disability have more than one special need. In the population there is a whole spectrum of disability, and the majority of people sit at the minor or moderate end of the spectrum. Many disabled people live at home independently, whilst others are more dependent on regular support. A relatively small proportion, yet a significant number, of older people live in care homes, accounting for 5% of all older people, and these people have varying needs. Disability tends to increase with age and multiple disabilities are more likely to occur in old age, with approximately two thirds of all people with a disability being over 65 years of age.

Not every patient with a disability requires Special Care Dentistry. Patients who are able to express need and able to easily access mainstream dental services are not in need of specialist services. Whereas, those people unable to express need or unable to access care because of disability may require Special Care Dentistry services.

The Scottish Government requires the PDS to provide dental care for patients who are unable to access their dental care from the general dental service and to meet the needs of the Priority Group patients, set out in the Priority Strategy, to reduce inequalities in these patient groups. This includes patients who require special care dentistry.

6. Current Special Care Dentistry Service

A Special Care Dentistry service is currently provided in NHS Grampian and Highland by the PDS. The service is provided differently in the two different NHS Boards and differently within the different Community Health Partnerships (CHP) areas of Highland and Grampian.

6.1 Current Special Care Dentistry Service in Grampian

Following relocation of Community Dental Services to Aberdeen Dental School and Hospital in 2009, Special Care dental services in Grampian have been provided primarily by Public Dental Services across a range of geographical locations. Within the service are four clinicians, all employed at Senior Dental Officer grade, registered on the Special Care Specialist list, and together they provide 1.8 WTE service, 0.8 being specifically for IV sedation clinical care. All four clinicians work across Grampian with 2 clinicians (0.6 WTE) based in Aberdeen Dental Hospital and 0.8 WTE of service in Aberdeenshire and 0.4 WTE in Aberdeen City. A Special Care Dentistry service is also offered across the other HSCP areas by non- specialist trained PDS staff.

Referrals to primary care dental services are managed by the Dental Advice & Referral Centre DARC, with specific care pathways having been developed for Dental Anxiety Management, Domiciliary Dental Care and Special Care. As evidence and as a surrogate measure of need, the recent demand for dental care within these care pathways has been gathered and analysed to quantify the level of current activity.

6.1.1 Aberdeen Dental Hospital

There is currently a centrally managed Special Care Dentistry Service provided in Aberdeen Dental Hospital by two Public Dental Service staff. These two staff members are employed at Senior Dental Officer grade and are on the GDC specialist list for Special Care Dentistry. They provide a Special Care Dentistry service on six sessions per week based in Aberdeen Dental Hospital. They provide service for patients with more complex special care needs including patients with:

- severe learning disabilities
- severe physical disabilities for whom access to the GDS is impossible
- severe management, behavioural, or psychological difficulties
- severe cognitive impairment
- complex medical history referred by primary and secondary care colleagues in haematology and oncology
- Patients referred from OMFS and Restorative Consultants if deemed more appropriate
- Patients with Special care needs requiring General Anaesthetic assessment

6.1.2 Aberdeen City

The Aberdeen City HSCP provides a service for Special Care Dentistry patients by the PDS, with input from a specialist (0.4 WTE) in Special Care Dentistry. The PDS provide a service for patients with

- learning disabilities
- limited mobility
- mental health problems
- dental anxiety
- degenerative disease
- special medical needs

- frail elderly or those with dementia
- Bariatric patients.

They also provide a domiciliary care service. Most of the patients are not seen by dedicated Special Care Dentistry staff but are treated by all PDS staff on general clinics.

6.1.3 Aberdeenshire

The Aberdeenshire HSCP provides a Special Care Dentistry service by the PDS with input from 2 specialists (0.4 WTE each). Patients with dental anxiety receive IV sedation treatment from two sites located in Fraserburgh and Laurencekirk with inhalation sedation being offered in several other clinics across Aberdeenshire.

There are also two senior non specialists PDS dentists (1.6 WTE) providing care for some special care patients and support to other PDS dentists in the management of special care cases.

The Aberdeenshire PDS also have a well established care home programme with a named PDS dentist for all care homes and actively encourage referral from GPs for support with any special care patients.

6.1.4 Moray

The Moray HSCP also provides a Special Care Dentistry service by the PDS. They provide nine sessions per week dedicated to Special Care Dentistry, and the patients are seen by all grades of PDS dental staff with a range of experience and training in the specialty, none of whom are on the GDC specialist list for Special Care Dentistry. The clinics are situated across Elgin, Keith, Buckie and Lossiemouth. These 9 sessions are mainly for domiciliary care but can be used to see Special Care Dentistry patients when required. They see patients with special medical needs, special physical needs, anxious patients, Head and Neck cancer patients and provide a service for domiciliary care. Since the Special Care Dentistry team do not travel to Moray, any patient who needs Special Care Dentistry specialist input must travel to Aberdeen.

NHS Grampian has developed a referral 'hub, the Dental Advice and Referral Centre (DARC) for triaging all referrals. One identified pathway is for Adult Anxiety Management, to help provide care for the very anxious patients. Although these are technically within the Special Care definition, NHS Grampian has a separate referral pathway for these patients.

6.2 Current Special Care Dentistry Service in Highland

In February 2015, NHS Highland supported a paper which described modifying the Public Dental Service in a move to re-balance primary care dentistry across Highland. This focuses the service on the patient and is to be delivered from 2015-2020 in a staged manner. The aim is to free- up capacity in the PDS to accommodate patients with additional needs by transferring GDS patients, registered in the PDS, back to general dental practice, who have been assessed as having no additional needs. There is an exception in rural locations where General Dental Services are difficult to access. The pilot phase is currently being carried out in Dingwall and Tain. The next stage of the process is to refine the referral guidelines to the referral hub which is in operation within the NHS Highland Health and Social Care Partnership. This will ultimately result in a PDS more focused on patients with additional needs, including Special Care Dentistry and domiciliary visits.

The Special Care Dentistry service is provided in Highland by dedicated staff. There are 4 staff (3.5 wte) staff on the Special Care Dentistry Specialist list and 1 speciality trainee registrar. There is 1 wte vacant post in Special Care Dentistry in NHS Highland.

In addition, all teams within the NHS Highland PDS network are being supported to develop the skills to deliver dental services for those patients with additional needs.

Dedicated Special Care Dentistry sessions including dentist led IV Sedation, GA, minor oral surgery average 50 per week for the Northern Highland area, (including the 'vacant' sessions for the Special Care Dentistry Specialist post that is yet to be advertised). These are spread across PDS clinics on many sites, as shown in Appendix 1.

As the move continues to modify the service, the main focus of the Highland PDS will be to provide dental care for people with special care needs or where their circumstances prevent them from attending a GDP including:

- People with significant learning, disabilities, mental health problems, physical disabilities or medically compromising conditions
- Looked after and accommodated children
- Frail or dependant elderly and housebound patients
- Young offenders, prisoners and those in secure facilities
- People with problems of substance misuse and dependency
- Socially excluded groups e.g. migrants and homeless people
- Patients living in rural locations with no available GDP Service.

The PDS also see patients requiring specialist services due to anxiety, phobia or disability including those patients who need sedation or general anaesthetic services.

7 Activity

It is difficult to quantify the actual need for a Special Care Dentistry Service as there is a wide range of patients with a wide range of conditions who may access the service. It is also difficult to ascertain the incidence data for all the different possible conditions that patients who require special care dentistry may have. It is possible, however, to look at the demand data by looking at those patients who have been referred for care in the PDS for Special Care Dentistry in NHS Grampian and Highland, in the last four months from December 2015 until March 2016. These figures do not include those patients requiring Special Care Dentistry who are seen in the General Dental Service or in Secondary Care. However, as most of the Special Care Dentistry is carried out in the PDS these figures, collected prospectively from the PDS departments from R4, give a good indication of the current demand. The numbers of new patients to the PDS, accessing the Special Care Dentistry Service collected by the departments from December 2015 to March 2016 are shown in Table 1.

Table 1; Number of new patients accessing Special Care Dentistry services in NHS Grampian and Highland

	Grampian	Argyll and Bute	Highland
December 2015	64	42	202
January 2016	63	43	221
February 2016	86	29	327
March 2016	80	54	224

The above table shows the number of new patients accessing Special Care Dentistry over a four- month period. They indicate a significant demand for services which are Special Care Dentistry in nature. It is important to realise that each new patient examined may then

require a course of dental treatment which can vary from a few to many treatment appointments. Even types of treatment that normally take one appointment in the general dental service may take many more appointments to achieve in Special Care Dentistry. Patients also may require a variety of services, including sedation or General Anaesthetic services, together with their dental treatment, and this should be factored into discussions of the demand on the service. It can also be a challenge to triage Special Care Dentistry patients due to both the shared care delivery model employed in some departments and the specific case-mix complexity and patients may be seen by one or more grade or member of staff during one course of treatment.

The categories under the umbrella of Special Care Dentistry in each of the Board areas are different. NHS Highland categorise the Special Care Dentistry referrals into “routine”, “children”, “special care”, “anxious adult”, “oral surgery” and “domiciliary”.

NHS Grampian and Argyll and Bute, categorise the Special Care Dentistry referrals into “learning disability”, “physical disability”, “mental health problems”, “behaviour”, “anxiety”, “severe cognitive impairment”, “special medical needs”, “frail/ elderly/ dementia”, “social needs” and “domiciliary”. Despite the differences, all the patient-types are represented in both areas. Looking at the referrals (and despite the different categorisation), referrals for anxiety were the most numerous in both NHS Board areas.

The number of domiciliary visits must also be taken into account when looking at the demand as this contributes to a significant part of the Special Care Dentistry Service workload. As stated previously, the number of adults living in residential care is currently 37,751 (ISD, Scottish Government, 2014) and is increasing on a year to year basis. There is also a proportion of adults, living in their own homes, who may require a domiciliary visit to carry out a treatment plan for dental treatment (as well as possibly requiring a portion of the actual treatment in their own home). Domiciliary visits by GDPs have been declining in the recent past and the 2010 SDNAP report on Domiciliary Dental Care cited the level of current remuneration, the constraints of the physical environment and lack of portable equipment, together with the need to transport an extensive range of emergency drugs and oxygen as possible reasons for this decline. Concerns about infection control have also been identified as a potential barrier to the provision of domiciliary services through general dental services. As the number of older people rises and their complexity of care increases, there will be an associated rise in demands on the service and a change in the nature of care required.

As such, much of the burden of domiciliary visits falls on the PDS. The numbers of domiciliary visits over the past 6 months in Grampian and Highland are shown in Table 2.

Table 2; Numbers of domiciliary visits in Grampian and Highland from December 2015 to March 2016

NHS Board	No Domiciliary visits in NHS Grampian	No Domiciliary visits in Argyll and Bute	No Domiciliary visits in NHS Highland
December 2015	32	7	10
January 2016	28	0	18
February 2016	60	1	25
March 2016	41	6	26

Based on 2010 estimates in the Scottish Government, it is predicted that by 2020 the number of people of pensionable age will grow by 3%, rising more rapidly thereafter, and number of people aged 75 and over is also projected to rise. As there is also a rise in the 45-74 years old age bracket, it is also expected in the numbers in the dependant bracket, i.e. those more likely to require domiciliary care will also rise over the next 25 years. The number of people with Special Care Dentistry needs is also predicted to rise. This rise will greatly impact on the numbers of staff and clinics required to treat these patients, not to mention the time pressures on the service, and should be taken into account when planning these services.

8 Method

HNA is a systematic method of identifying needs of a population group and making recommendations for changes to meet the needs of that group.

Information on this group of patients is difficult to ascertain as there is no specific recording system for special needs or disability. Dental activity on special needs patients does not always contain information on their special need, or even reflect the additional time taken for such patients. There are various tools and codes for R4 that can be used to reflect this but this has not been standardised across the general dental service and the PDS, or standardised across Scotland. This can impact on the planning of these services as the activity on special needs patients can be under- represented.

Information for this Needs Assessment was collected from senior staff of the PDS of NHS Grampian and Highland on their current service. Their opinion was sought on the development of the service and speciality within their own area. Data on specific items, patients and domiciliary care activity were collected prospectively from NHS Grampian and Highland from 1st December 2015 until 31st March 2016. The prospective data collection form that was used can be seen in appendix 2.

9 Special care case-mix tool

The British Dental Association (BDA) has supported the development of a tool, known as the 'case-mix model', which allows objective assessment of the complexity of the provision of care for people with disability through a structured matrix. The model identifies the various challenges patient complexity can present dental services (such as difficulties in communication or co-operation). The case mix model can be a 'subjective' assessment, with individual clinicians assessing the same patient in a different way. It does give an indication of the complexity in caring for a patient, as assessed by that clinician, at that time. These may result in the need for a longer time or additional staff to provide care for a particular patient, in comparison to an average member of the population. It evaluates patient complexity, rather than the complexity of the dental procedure. Each criterion is measured independently and covers both actual provision of clinical care and the additional pieces of work needed to facilitate care for special care patients.

Each individual patient episode of care is measured separately, and as such it is anticipated that an individual patient will score differently for different episodes of care reflecting the complexity related to the nature of that episode. In this respect the model is more sensitive than a 'patient label' in that it reflects the actual level of resource required and not a theoretical level that is only needed when the patient actually needs active treatment.

10. Desired Level of Service- Structure and Workforce

The service structure provided for patients requiring Special Care Dentistry must incorporate reducing inequalities to this group of patients in the first instance. In both NHS Grampian and Highland the awareness of oral health should be raised across the entire population with the message of how to access the dental services, both General Dental Service and the PDS, widely publicised.

In Grampian and Highland, most of the Special Care Dentistry is carried out in the PDS. There is an undetermined and undocumented amount of Special Care Dentistry carried out

in general dental practice. There are also a group of patients seen in Aberdeen Dental Hospital and a small number treated in District General hospitals by secondary care dental professionals.

10.1 General Dental Practice

General dental practice should be the initial option for Special Care Dentistry patients, in the first instance, as it is for all patients. People with a disability must be treated to the same standards as people without disability, and to this end they require good access to general dental practice. In the first instance, general dental practices need to be easily physically accessible and staff should have an understanding of the needs of this population, and their carers. It may well be that the geographical location of a general dental practice is easier and more accessible to a patient and their carer for their dental care.

One of the roles of the general dental practice team is to provide prevention from the earliest age or stage in a patient's treatment. When carried out effectively, this may negate the need for difficult treatment or maintenance of dental restorations in later life. There are many effective treatments to prevent oral diseases, if action is taken early, as seen in the Childsmile Programme. These programmes should be given priority in dental practice to maximise their benefit.

Special Care Dentistry patients should, therefore, be encouraged to see a GDP in the first instance, only being referred into the PDS in specific circumstances and if their health needs dictates this referral. In this way, the Public Dental Service supports the patient, and the GDP, for certain treatments or circumstances. If the patient's dental health or general health or condition then improves, it should be understood that they should move back into general dental practice when appropriate for on-going monitoring and treatment. In this way a "shared care" process of dental care is built up for the patient, between the patient's GDP and the PDS.

There may be scope for expanding GDP services if the needs and expectations of people with disability and their carers are to be met. The majority of people with special needs have disabilities that are mild or moderate and as such do not always require specialist dental care. Even when specialist dental care is required, it is often the patient's medical, social or behavioural management rather than the dentistry that is complex. Regular examinations and routine dental treatment should be provided as necessary for the majority of people with mild and moderate disability. However, it may be that treatment plans and times differ from those patients without special needs. GDPs must also work within their local networks and

recognise when additional support or expertise is required and referring the patient as appropriate. However, services for special care dentistry patients should be flexible enough to meet the needs when they cannot access services through traditional routes such as general dental practice.

GDPs should also give consideration to their core skills and their areas of Continuing Professional Development interest to increase their confidence and competence in treating patients with special care needs. They should be encouraged to up-skill to meet the needs of this group of patients.

One of the barriers to GDPs 'up-skilling' may be financial. Under NHS remuneration, independent GDPs are already under increasing time pressures to sustain their practices financially. While there is general agreement that core skills should be enhanced and staff up-skilled to meet patient needs, this will not happen so easily unless there is a financial compensation to cover the cost of training as well as the additional time required when attending some patients with special needs.

Clear and appropriate referral guidelines should be developed locally to ensure the smooth and timely referral to appropriate services for those with special care needs. They should reflect the Special Care Needs of the patient as well as the Dental Treatment Needs and take into account the amount of carer input that the patient may need. In some areas of NHS Grampian and Highland, geography and travel time may also have to be taken into consideration.

A care pathway involving close communication between the general dental service and PDS, as described above, will provide both timely and appropriate patient care as well as support for the dentist. It also would allow general dental practitioners who wish to have advice and support in order to develop their skills in caring for people with disability to do so safely under the guidance of more experienced colleagues. In this way, general dental practitioners should feel more confident to treat people with disabilities. It should also benefit the patients, and their carers, as travel for dental appointments and number of different dental appointments could be kept to a minimum.

10.2 Public Dental Service

In both NHS Grampian and Highland, the two PDS services have developed their Special Care Dentistry workforce in the recent past and modified the service to free up time for Special Care Dentistry patients. This is in response to recent changing demands on the

service. They have also had to take account of an increasing number of domiciliary visits, all of which are currently undertaken by the PDS. Training for care home staff, through the National *Caring for Smiles* programme, which supports oral care in care homes, is also solely carried out by the PDS staff.

Referral patterns of patients from the GDS to the PDS give Health Boards evidence of the need and demand of a service. Both NHS Highland and Grampian can use recent referral data that they have collected for specific audits to aid planning of Special Care Dentistry services. An effective referral system to the PDS should continue to be refined to provide timely, safe and effective patient care for Special Care Dentistry patients.

NHS Highland has recently developed a more refined referral service for patients to the PDS in general, including Special Care Dentistry patients. The aim of this change is to ease access into the PDS and to provide a single point of access via a single referral form. This simplifies the referrals by other agencies and also improves effectiveness of the triage process and appointing across the region. It is the aim of NHS Highland to continue to monitor the quality of referrals into the PDS service to ensure patients are directed to the most appropriate part of the service. They are also monitoring the ability of the service to deal with referrals from the point of receipt of the referral to the patient being appointed in a timely fashion thus avoiding patient delays. All of these changes will improve the service and make this initial part of the patient journey more efficient.

NHS Grampian have a referral system for all patients to the PDS where they can triage those likely to require special care dentistry. They have a separate referral system for anxious patients who may require sedation or general anaesthetic services as these patients will be appointed at specific clinics.

Both services have a number of specialist trained Special Care Dentistry senior staff who are on the GDC specialist list. These individuals can offer specialised knowledge, treatment and experience in the oral and dental care of adults with special care needs. They can also offer guidance and supervision to junior and non- specialist trained staff. Many of the non-specialist trained staff, and more junior members of the staff base also treat Special Care Dentistry patients competently under their guidance. All grades of staff participate in carrying out the domiciliary visits. This way, all grades of staff are continuing to develop competence in treating special care dentistry patients.

The British Dental Journal 2007 paper *Special Care Dentistry: a professional challenge* estimated that a whole time specialist in Special Care Dentistry could manage a caseload of

850-1500 patients, depending on the complexity of the needs of the patient. Based on these very broad numbers, and taking into account the geography of the two NHS boards, NHS Highland would need 6.5 wte specialists and NHS Grampian would need 8 wte specialists in Special Care Dentistry. While these numbers are not realistic, the actual numbers fall very short of these estimates.

A range of factors increase the need for Special Care Dentistry and should be monitored in the planning of these services. These factors range from the ageing population, increased patient expectations and steer from the Scottish Government, which has named the delivery of Special Care Dentistry as one of the major functions when the newly formed PDS was created in January 2014 from amalgamation of the Community Dental Service and the Salaried Dental Service.

NHS Highland has more (4.5 wte) specialist Special Care Dentistry staff posts compared to NHS Grampian (1.8 wte) but more junior and non-specialist trained senior staff also treat Special Care Dentistry patients in both services. Both of these NHS Board areas have challenging geography, although the access to the urban areas of Aberdeen City and Inverness are easier compared to the very rural areas.

A majority of the specialist provided care in NHS Grampian is undertaken at Aberdeen Dental Hospital, meaning that the remaining Special Care Dentistry patients in NHS Grampian are seen by non- specialist staff in clinics across Grampian, or they have to travel to Aberdeen Dental Hospital for specialist input. If NHS Grampian could train at least 2 more of their senior staff to specialist level in Special Care Dentistry, bringing the number up to 4 wte, they could offer a larger Special Care Dentistry service across the Integrated Joint Board Areas of Grampian as well as support the rest of the staff in carrying out Special Care Dentistry and increase the specialist workforce overall. There could then be more capacity for a visiting specialist to provide a regular service to the more remote areas of Moray, who could give advice and care, thus allowing the non-specialist PDS staff to carry out treatment in-between visits.

As well as increasing the numbers of Special Care Dentistry specialists, obtaining the right skill mix is also important. While it is crucial that the patients are seen by the right grade and competence of staff, not all patients have to be seen by the specialist. Many more junior members of the PDS team can competently treat special care dentistry patients and other members of the dental team, such as dental therapists and Extended Duties Dental Nurses (EDDNs) are also valuable members of the team. A skilled workforce that can address the wider needs of patients requiring Special Care Dentistry should be formally recognised and

developed in each service. Thus the whole team must be taken into consideration when considering the service.

11 Ideal Model

The ideal model for Special Care Dentistry patients requires good communication between the general dental services and the PDS. This is important to increase the awareness of the referral pathways and manage the expectations of the different sectors and to ensure that patients with a particular need are seen in the most appropriate location by the most appropriate dental team. The General Dental Services must be supported to accept and treat patients requiring Special Care Dentistry and the PDS must be developed with increased capacity to provide a service with the correct skill mix for this group of patients. Locally, in each of these NHS Boards, there must be an agreed strategy that patients are registered with a GDP in the first instance who is the gatekeeper for referring appropriately to the PDS. The referral criteria should be clear, concise, efficient and effective. The PDS should then triage the patient appropriately, to the most appropriate member of staff with the level of competence to best serve the patient. As always in NHS Grampian and Highland, the travel and geography must also be taken into consideration when planning services. Once the patient has had their dental needs met at the end of their treatment in the PDS, a decision should be taken, with input from the GDP, patient and carer, if the long term needs would be best met in PDS or back with the patient's own dentist and "shared care" arrangements made appropriately.

12 Recommendations

1. The NHS Boards of Grampian and Highland should continue to support the National Programmes of *Childsmile*, *Caring for Smiles* and *Smile for Life*, as set out in the Priority Strategy. This will ensure that there is a Board- wide emphasis on prevention of dental diseases and, over time, a subsequent reduction in the need for difficult and costly dental restorations and treatments.
2. Dental activity in patients with special care needs should be monitored in a standard way nationally across PDS and the General Dental Service. This could be via the GP17 form and R4. More accurate recording of special care dental activity coupled with use of the modified Bateman Index as recommended by the Scottish Government will help with better understanding of the need for the service thus enabling more robust planning and performance management of the services to meet those needs.
3. The local Board areas should work with communities to improve the local knowledge of dental services so that all sectors of the population know where and how to access NHS dentistry best suited to them. This is not necessarily the PDS. All patients, including those with Special Care Dentistry needs should access the General Dental Service in the first instance, and should be aware of the specialist services offered by the PDS for Special Care Dentistry. The PDS can be the first port of call for patients where there is no General Dental Service availability. The national preventive programme, *Caring for Smiles* should be promoted in all care homes with support from the PDS.
4. Patients requiring Special Care Dentistry should access the general dental service in the first instance. To this end, the general dental practices should be physically accessible to all patients and GDPs should treat patients requiring Special Care Dentistry within their level of competence. When the patient requires specialist input, they should refer the patient to the PDS using the appropriate referral pathways. Once the patient has completed their Special Care Dentistry treatment plan at the PDS, they should enter a “shared care” arrangement between PDS and the GDP so that their dental needs are met in the most appropriate environment and by the most appropriate clinician.
5. The support for the GDS dentists in the independent sector should include a review of the financial support for additional training and time for meeting the needs of this particular group of patients.
6. The referral pathways into the PDS in both NHS Grampian and Highland have been recently examined. These pathways should continue to be refined to ensure general

dental practices have the support of the PDS for these patients, and to ensure that, when referred to the PDS, the patients are appointed to the most appropriate clinician in a timely fashion. Specific referral pathways for patients requiring domiciliary care should be developed to best meet the needs of this group of patients. Lastly, there should be appropriate referral pathways out of the PDS - people who have been long-standing patients of the PDS should discuss with their dentist if they would have their needs met more appropriately in GDS.

7. Each of the PDS services in NHS Grampian and Highland should continue to consider their service with regard to workforce.
 - NHS Grampian should increase capacity at specialist level in Special Care Dentistry, increasing from 2 wte specialists to 4 wte. This would enhance capacity in the Special Care Dentistry team throughout the Board area, enable specialists to input to care in the more remote areas of NHS Grampian and to support other members of the team carry out Special Care Dentistry and Domiciliary visits. They should consider the skill mix within the service, with non-specialist staff working within their competence level, thus freeing up specialist staff for the complex patients
 - NHS Highland should continue to develop the PDS service to re-balance primary care dentistry with an eventual aim of focusing on patients with Special Care Dentistry needs. They are currently piloting this in two areas and should await results of the pilot with the aim to roll-out to the rest of the Board area. They should also look at the skill mix within their workforce, to allow non-specialist staff to see patients within their competence e.g. dentally anxious patients and thus allowing the specialist staff to see the more complex patients
 - Consideration should be given to increasing the special care skill levels in both PDS services by up-skilling the non-specialist clinical staff.
8. In both services, the need of the domiciliary care service should be kept under review as the demand for this service has the capacity to increase over time.

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Acknowledgements

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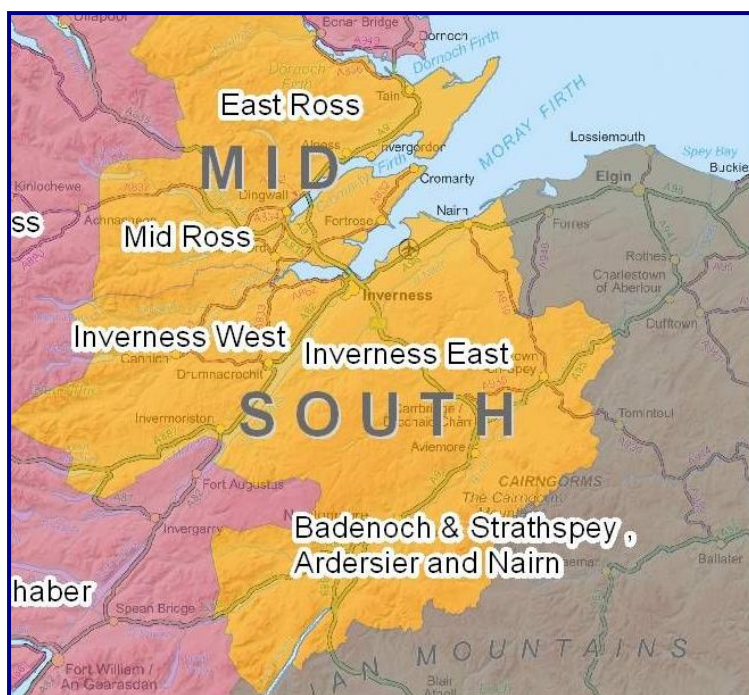
Appendix 1



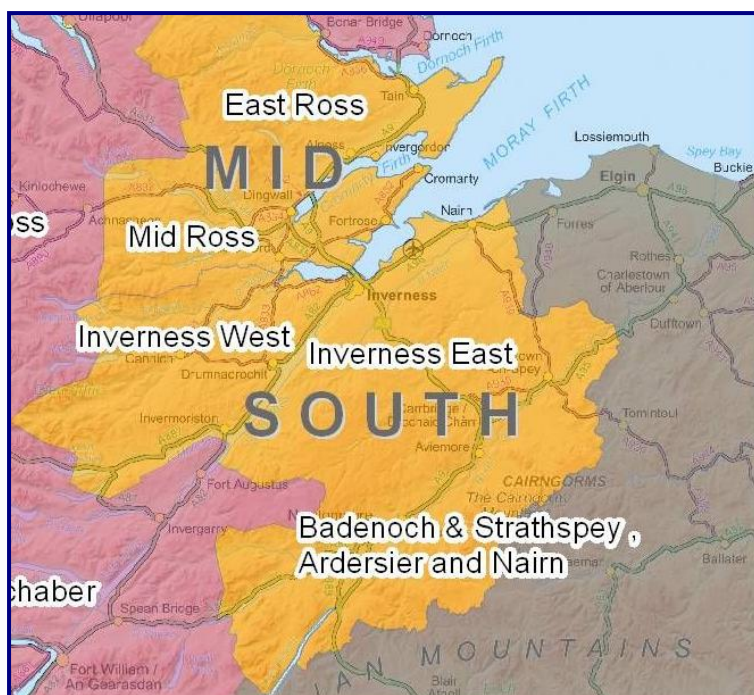
Area	Number of PDS surgeries
Wick- Lockshell	5 surgeries
Caithness General	1 surgery
Helmsdale	1 surgery part-time
Golspie	1 surgery part-time
Lairg	1 surgery part-time
Lochinver	1 surgery part-time



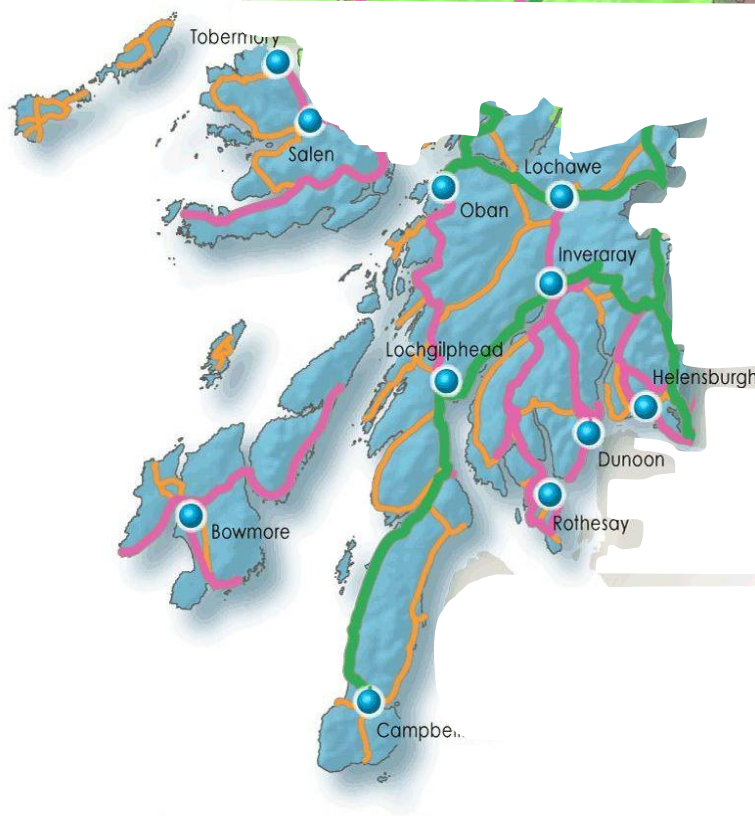
Area	No of Surgeries
Portree	3 Surgeries
Dunvegan	1 Surgery
Kyle	2 Surgeries
Mallaig	1 Surgery (part time)
Fort William	5 Surgeries



Area	Number of Surgeries
East Ross	4 Surgeries
Dingwall	2 Surgeries
Tain	2 Surgeries
Invergarden	3 Surgeries



Area	Number of Surgeries
Inverness- Inverness Dental Centre	8 Surgeries
Culloden Health Centre	6 Surgeries
Abban Street Clinic	3 Surgeries
Royal Northern Infirmary	1 Surgery
New Craigs	1 Surgery
Nairn- Town and County Hospital	5 Surgeries
Grantoun- Ian Charles Hospital	3 Surgeries
Aviemore Health Centre	1 Surgery



Area	Number of Surgeries
Tobermory	1 Surgery
Islay	1 Surgery
Lochgilphead	1 Surgery
Campbeltoun	1 Surgery
Tignabruiaich	1 Surgery
Rothesay	1 Surgery
Dunoon	1 Surgery
Helensburgh	1 Surgery
Lochgoilhead	1 Surgery
Furnace	1 Surgery
Oban	1 Surgery
Jura, Coll, Colonsay, Iona and Tiree	PDS mobile Dental Unit

Appendix 2

Prospective data Collection Form- Special Care Dentistry Patients

1st December 2015- 31st March 2016

1 Date of Referral; ___/___/20___

2 Referral received from;

General Dental Practitioner ☐

Dental Hospital ☐

Other Hospital ☐

Doctor ☐

Other ☐

3 Referral for Domiciliary Care Yes ☐ No ☐

4 Reason for referral;

Advice ☐

Treatment ☐

5 Patient Referral category (please tick all that apply);

learning disabilities ☐

physical disabilities ☐

mental health problems ☐

- behavioural difficulties ☐
- dental anxiety ☐
- severe cognitive impairment ☐
- special medical needs ☐
- frail elderly or those with dementia ☐
- special, or social care needs ☐

6 Dental Treatment required (tick all that apply);

- Behavioural management ☐
- Treatment under Local Anaesthetic ☐
- Treatment under Sedation/ GA ☐

7 Treatment to be delivered by;

- CDO ☐
- SDO ☐
- Special Needs specialist ☐
- Dental Care Professional ☐
- Other ☐
- No treatment offered/ required ☐