

ANNEXE 4

**Report to:** Health Overview and Scrutiny Panel

**Date:** 9<sup>th</sup> September 2009

**Report by:** Matthew Smith, Consultant in Public Health

**Written by:** Louise Bevan, Public Health Development Manager

**Report Title:** Update on progress in implementing the Oral Health Strategic Action Plan

**Contact details:** Matthew Smith, 02392 684596  
[Matthew.Smith@ports.nhs.uk](mailto:Matthew.Smith@ports.nhs.uk)

Louise Bevan, 02392 684 575  
[Louise.Bevan@ports.nhs.uk](mailto:Louise.Bevan@ports.nhs.uk)

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## 1.0 Introduction

This report provides an update on progress made by the PCT in delivering its Dental Public Health Functions in line with DH Directions to Primary Care Trusts (2008). In October 2007, the PCT developed an Oral Health Strategic Action Plan which identified key recommendations to be delivered. Progress against these recommendations or follow on actions from will be outlined along with answers to specific questions from the previous HOSP meeting.

## 2.0 Adult Dental Health Survey – information on inclusion of those using private practices in Portsmouth

Further to previous correspondence with Katie Benton – March 2009 the PCT confirms that the survey did ask specific questions (question 8) about private treatment. 25.56% surveyed have used private treatment in the last 5 years.

### **3.0 Population Modelling**

From the 2008 Portsmouth Adult Dental Health Survey a number of recommendations were identified including further population modelling and social marketing. Using specific questions from the adult dental survey combined with population projections future increase in demand for dental services was identified. This work supported the dental procurement project for 3 new dental practices in Portsmouth at Paulsgrove, Charles Dickens and Hilsea / Copnor area

### **4.0 Social Marketing**

A social marketing programme for Oral health promotion has been initiated. The long term aims of this project are to:

- Improve oral health care at home through positive lifestyle choices, such as diet and oral hygiene
- Dental visits within NICE guidelines (3-18 months at the discretion of the dental practitioner)
- Reduction of Failures To Attend (FTA) appointments
- Increase the number of new patients who have not attended an appointment with a Dental Practitioner within 24 months.

The programme includes an initial scoping phase where a social marketing company will be commissioned to build on existing PCT research. Their aim will be to gain insight into interventions that may work with specific segments of the population that have the poorest oral health. This will be done through a process of population segmentation, and behavioural analysis in order to fully understand attitudes and behaviours and barriers in dental health services and oral health care.

A steering group has been formed to manage the procurement process and the time scale for contract award is October 2009.

### **5.0 Epidemiological Surveys of 5 year old Children**

The PCT undertake annual dental epidemiological surveys of children in line with nationally agreed protocols. This survey is done to monitor the oral health of school age children through accurate measurement of DMFT (decayed, missing or filled teeth). In 2007/08 a sample survey of 340 5 year old children was undertaken. The results are imminent and will be reported to HOSP at the next meeting.

## **6.0 Dental Screening of 6-9 Year Old Children**

The screening of 6-9 year olds is a locally agreed programme. Screening of 6 year old children is undertaken to identify those children who need dental care but are not receiving it. Those that need it are then referred as appropriate. The same children are then screened again when they are aged 9 in order to monitor the effectiveness of any treatment or oral health promotion intervention. Schools surveyed in 09/10 are those with the highest DMFT rates and the results will be available in March 2010.

## **7.0 Fluoride Varnish Scheme**

As part of the oral health need assessment (2007) and review of evidence base for oral health promotion (2008) the PCT are developing commissioning plans (2010/11 – 2014/15) to pilot and subsequently role out a fluoride varnish scheme in Portsmouth.

A dental clinical group to discuss the protocols and issues around carrying out fluoride varnish applications en masse is being lead by the Oral Public Health Consultant.

## **8.0 Fluoridation of Water Supplies**

The PCT is maintaining a watching brief over the consideration of water fluoridation in Southampton. Portsmouth PCT believes this is an option which should be closely examined as part of their efforts to improve dental health and reduce dental health inequalities across Portsmouth.

## **9.0 Delivering Better Oral Health – an evidence based toolkit for prevention**

The PCT is looking at the local implications of this recently published 2<sup>nd</sup> edition of this toolkit and will be using it to develop 2010/11 – 2014/15 commissioning plans

## **10.0 Clinical Governance for General Dental Practitioners**

A framework for clinical governance has been approved by the Clinical Standards & Clinical Governance Subgroup of the Professional Executive Committee and this has been rolled out to all General Dental Practitioners. General Dental Practitioners are required to undertake an annual self audit and practitioners are supported in meeting any identified gaps.

## **11.0 Conclusion**

The PCT Oral Health Action Group will continue to work in partnership with the Dental Commissioning Group and provider services to deliver Dental Public Health in line with Better Oral Health (DH, 2007) and meet the recommendations outlined in the Oral Health Action Plan.