

**Manchester City Council  
Report for Information**

**Report to:** Health Scrutiny Committee – 19 June 2018

**Subject:** Oral health and dental service provision and the work of the Greater Manchester Health and Social Care Partnership

**Report of:** Dr Dympna Edwards, Consultant in Dental Public Health,  
Greater Manchester Health and Social Care Partnership  
Ben Squires, Head of Primary Care Operations,  
Greater Manchester Health and Social Care Partnership

---

**Summary**

The purpose of this report is to provide Manchester Health Scrutiny Committee with an update of oral health and dental service provision across the city of Manchester.

**Recommendations**

The Committee is asked to note the report.

---

**Wards Affected:** All

---

**Alignment to the Our Manchester Strategy Outcomes (if applicable):**

<b>Manchester Strategy outcomes</b>	<b>Summary of how this report aligns to the OMS</b>
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	
A highly skilled city: world class and home grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Oral health inequalities impact on all areas of the life course and access to good quality dental health services will support individuals and communities to reach their full potential.
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

---

**Contact Officers at the Greater Manchester Health and Social Care Partnership:**

Name: Dr Dympna Edwards  
Position: Consultant in Dental Public Health  
Telephone: 07825 388 157  
E-mail: [dympna.edwards@phe.gov.uk](mailto:dympna.edwards@phe.gov.uk)

Name: Ben Squires  
Position: Head of Primary Care Operations  
Telephone: 0113 825 5326  
E-mail: [ben.squires@nhs.net](mailto:ben.squires@nhs.net)

Name: Lindsey Bowes  
E-mail: [l.bowes@nhs.net](mailto:l.bowes@nhs.net)

Name: Lindsay Lavantae  
E-mail: [Lindsay.lavantae@nhs.net](mailto:Lindsay.lavantae@nhs.net)

**Contact Officers (Manchester):**

Name: David Regan  
Position: Director of Population Health and Wellbeing  
Telephone: 0161 234 5595  
E-mail: [d.regan@manchester.gov.uk](mailto:d.regan@manchester.gov.uk)

Name: Vicky Brand  
Position: Oral Health Improvement Manager  
Greater Manchester Mental Health NHS Foundation Trust  
Telephone: 0161 248 1763  
E-mail: [Vicky.Brand@gmmh.nhs.uk](mailto:Vicky.Brand@gmmh.nhs.uk)

---

**Background documents (available for public inspection):**

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

None

**1.0 Introduction**

- 1.1 NHS England through Greater Manchester Health and Social Care Partnership has responsibility for commissioning primary, secondary and community care dental services to meet local the needs of the population and leads on quality improvement within dentistry.
- 1.2 Since April 2013 all Local Authorities have a responsibility for the oral health of its local population, including assessing their needs through dental epidemiology and improving health through dental health promotion programmes and services. Public Health England provides leadership and support. Currently, Manchester City Council commissions the Oral Health Improvement Team hosted by Greater Manchester Mental Health Trust to deliver oral health promotion activities.

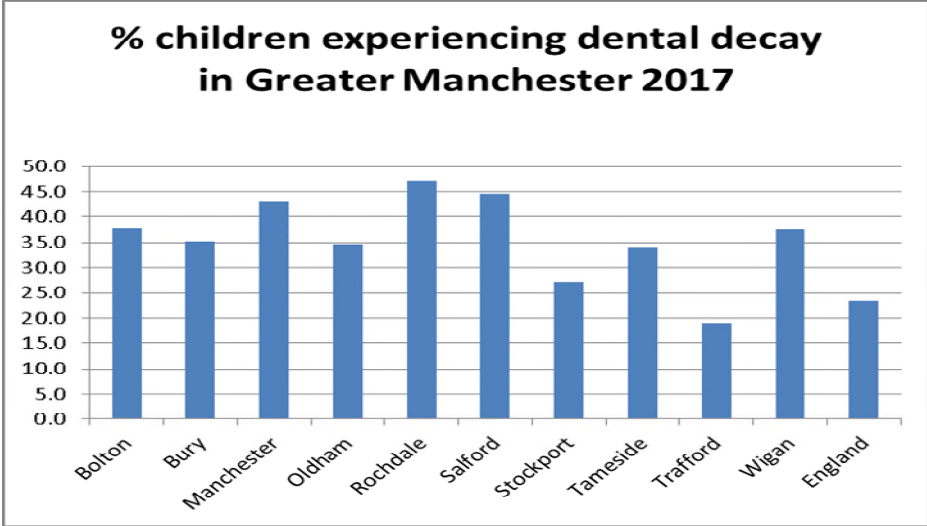
**2.0 Oral Health of children in Manchester**

**2.1 Children affected by dental disease**

Dental health of 5 year old children is measured every 2-3 years. There have been four surveys since 2008 that have used the same methods. Results from the most recent survey in 2017 were published in May 2018. Dental health of children has improved nationally from 30% of children affected in 2008 to 23.3% affected in 2017. The average number of teeth affected by dental decay had reduced from 1.1 to 0.8%.

Figure 1 shows the proportion of 5-yr-olds with one or more decayed, extracted or filled teeth in Greater Manchester, 2017:

**Figure 1**

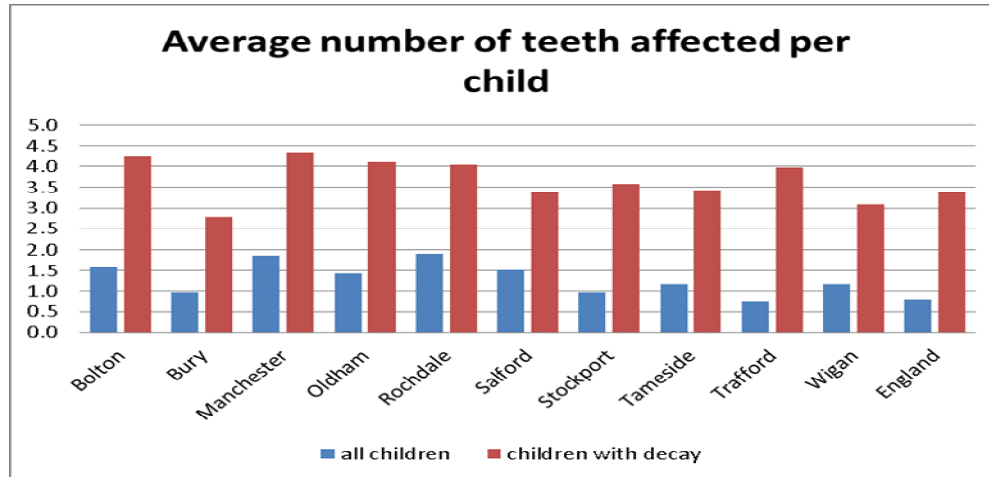


The prevalence of dental disease in Manchester is high with 43% of of children are affected by dental decay by the age of 5 years compared with 21% in England.

## 2.2 Severity of dental disease

Figure 2 shows the severity of dental disease. In Manchester children have on average 1.9 teeth affected by dental decay, one of the highest in England.

**Figure 2**



Not all children have dental disease but of those in Manchester who are affected, they have on average over 4 teeth affected. This is higher than the England average of 3 affected teeth. Even in affluent areas with low numbers of children affected by decay, the children who are affected have on average 3-4 teeth affected.

## 2.3 Trends in dental disease

The four surveys since 2008 allow trends to be examined. In Manchester the proportion of children with dental disease had appeared to improve between 2008 and 2015 but these changes were not statistically significant and the 2017 survey showed no improvement. The proportion of children with an abscess does appear to have improved which is very positive.

**Table 1: Trends in dental disease in Manchester**

Year of survey	Average number affected teeth	Prevalence- % children affected	Severity- average number affected teeth in children with caries	% Abscess
2008	2.39	51.4%	4.63	4.8%
2012	1.78	40.8%	4.37	3.4%
2015	1.3	32.7%	4.0	1.4
2017	1.9	43.0%	4.3	0.7

A survey of 3 year old children in 2013 showed that nearly one in four children in Manchester (24.2%) had experienced dental caries, double the national average of 12%. This suggests that dental disease in children starts early in Manchester. Within Manchester surveys have also shown that north

Manchester has higher rates of dental caries than central and south Manchester.

Early childhood caries (ECC) typically affects smooth surfaces of upper front teeth and can affect many other teeth as well. It is usually associated with long term use of a baby bottle containing sugared drinks, especially if given at night. Where this type of decay is widespread action needs to be taken to tackle it early on, otherwise decay levels measured at age five will remain high.

### **3.0 Oral health of adults in Manchester**

- 3.1 There is less local information available on the dental health of adults than for children. A national dental epidemiological survey is undertaken every 10 years. A survey of the dental health of older adults living in sheltered accommodation was undertaken in 2016. The results are due to be published shortly. A dental survey of adults in dental practices is being undertaken in 2018 and will be available in 2019.
- 3.2 The 2009 National Adult dental survey indicates that more adults are keeping their teeth throughout life and that many young adults have good dental health and low treatment needs. A cohort of adults born between 1940-1970 who grew up post war but prior to the introduction of fluoride toothpaste in the 1970s have a high number of filled teeth. Ensuring good dental care is important for this group as they age and as some become frail, infirm or have other health challenges e.g. dementia. If self care and access to dental care is difficult their oral health can deteriorate and cause pain, difficulty eating and malnutrition. A Greater Manchester programme to develop care pathways and undertake training within care homes and domiciliary care providers is planned to ensure that older people receive the care that they need in line with National Institute of Clinical Excellence (NICE) guidance.
- 3.3 A special care needs assessment has been undertaken in 2017 which shows that the need for special care is likely to increase over the coming years particularly for older adults and those with a range of impairments. Ensuring good mouth care and access to professional dental care is being built into commissioning plans for Community Dental Services.
- 3.4 **People who experience homelessness** can experience difficulty maintaining oral health and accessing dental services. A survey of people experiencing homelessness has taken place in Greater Manchester coordinated across the GMHSCP in collaboration with Manchester City Council. The initial results from 199 questionnaires showed that 88% said that their teeth were important to them, 64% reported that they had had some pain or aching in their mouth in the past year with 62% having some difficulty eating food, 58% feeling selfconscious or embarrassed by their teeth and 50% saying that it had affected their mouth. Just over half (51%) said that they had needed some urgent dental care in the past year. If they had a dental problem one third said that they would go to their own dentist, another third would try to find a dentist.

People sleeping rough were more likely to go to a shelter, A&E and GP or try to sort it themselves than people in temporary accommodation.

#### 4.0 Access to General Dental Practices

- 4.1 Under the current General Dental Services (GDS) contract (2006) there is no formal registration with a dental practice. Patients who have received a course of treatment on the NHS are entitled to a 12 month guarantee period relating to that course of treatment. Most practices operate a recall system, through which patients are invited back on a regular basis for a routine check-up, in line with NICE guidance. Recall intervals can vary from 3 months to 12 months depending on the dental health of the patient.
- 4.2 It is the responsibility of each practice to ensure that their NHS Choices entry is up to date and correct. The Dental Commissioning Team at GMHSCP works with all practices across Greater Manchester to ensure that this is done. Patients are entitled to access NHS dental services in any part of Greater Manchester. The team continues to ensure that practices take the time to update NHS Choices, providing a central resource for everybody to access, including patients, to be better informed about availability within Greater Manchester.
- 4.3 Below are the most recent access figures for Greater Manchester with Manchester individual figures highlighted. This shows that there has been an increase of 3679 new patients seen in dental practices within the Manchester locality.

**Table 2: Greater Manchester Dental Access Data**

Commissioning Region Name	24-month Patient Seen Total			Change from previous quarter	Change from previous year	Current Performance as % of Population
	Dec-16	Sep-17	Dec-17	Sep-17 - Dec-17	Dec-16 - Dec-17	
Greater Manchester	1696884	1696772	1701265	4493	4381	61.7%
Bolton	158434	161653	162911	1258	4477	57.8%
Bury	110239	108834	108374	-460	-1865	57.7%
<b>Manchester</b>	<b>310170</b>	<b>312211</b>	<b>313849</b>	<b>1638</b>	<b>3679</b>	<b>59.2%</b>
Oldham	142627	142446	143681	1235	1054	62.2%
Rochdale	136520	138613	138706	93	2186	64.8%
Salford	152291	150930	150350	-580	-1941	61.2%
Stockport	185529	182457	182054	-403	-3475	63.1%
Tameside	134995	136790	137538	748	2543	62.0%
Trafford	140383	141375	142390	1015	2007	61.0%
Wigan	207387	205160	205678	518	-1709	63.9%

## 5.0 Improving Quality

5.1 The following describes the Greater Manchester Dentistry Local Professional Network (LPN) implementation plan in response to the Greater Manchester Strategic Plan to enable Dentistry to meet the requirements of the population.

5.2 The objectives are aligned to meet the ultimate vision of improved oral health across Greater Manchester, and aim to achieve the following Greater Manchester Primary Care Standards for Dentistry:

1. Improving access to general dental services.
2. Improving cancer survival rates and earlier diagnosis.
3. Ensuring a proactive approach to health improvement and early detection.
4. Improving outcomes for people with long-term conditions.
5. Improving outcomes in childhood oral health.
6. Proactive disease management to improve outcomes.

5.3 To support the delivery of the plan, the Dental LPN has developed the local networks and Table 3 shows the LPN work plan and how it links with the Transformation Themes for Greater Manchester:

**Table 3: Greater Manchester Dental Local Professional Network Work plan**

Transformation Theme	Developments	Outcomes	Action
Population health and prevention & Transforming Care in Localities	Healthy Living Dentistry Framework  Early Years Interventions and Baby Teeth DO Matter programme	Integration of Dentistry within the health and wellbeing agenda to improve population access to education and self-care.  Improve oral health of under-5 year olds.	Roll out and implementation by September 2017  Roll out schemes across priority areas by March 2018.
Transforming Care in Localities	Improving Quality Toolkits: <ul style="list-style-type: none"> <li>• Dementia Friendly Practices Toolkit</li> <li>• Healthy Gums DO Matter</li> <li>• Antimicrobial Resistance (AMR) toolkit</li> </ul>	Improved quality, patient experience and clinical outcomes	Roll-out and implementation of toolkits
Transforming Care in Localities	Improving Access  Buddy Practices	Improved patient experience of accessing NHS dental services.  Dental engagement	Performance management and peer review  Community

	Scheme (Schools and Early Years)	with local community and improving access (specifically to under 5 year olds)	engagement supported by Oral Health Network.
Transforming care in localities	Older Peoples Dental Care project	Improve care for older people and those who are unable to access services in a primary care setting	Population needs assessment and stock take of current domiciliary services provision, to identify practices and funding to develop treatment pathways for complex care of older and vulnerable patients.
Standardising Acute Hospital Care	Managed Clinical Networks for: <ul style="list-style-type: none"> <li>• Paediatric Dentistry</li> <li>• Special Care Dentistry</li> <li>• Orthodontics</li> <li>• Oral Surgery</li> <li>• Restorative Dentistry</li> </ul>	Establish a single service delivery model across the multiple providers of these services, providing care within the specialty pathway regardless of setting, or organisation, to deliver consistent, high quality care for the population of GM	Continued engagement with all Providers of specialist dental pathways, and implement action plans by end of March 2018
Transforming Care in Localities	Urgent Care Review  Trauma Guidelines	Ensure equitable, effective access to urgent dental care  Best clinical practice	Commissioning procurement
Standardising Acute Hospital Care	Children's Dental General Anaesthetic Services	Reduce waiting lists and capacity plan for future service delivery	Action Plan in place
Enabling Better Care	Medical Histories DO Matter	Standardisation of clinical records	Roll-out and implementation
Enabling Better Care	Summary Care Record pilot	Improved patient safety and clinical practice	Pilot delivery and review with Referral Management

## 6.0 Specific programmes identified to improve oral health

6.1 At an individual level whether a child experiences dental decay depends on three factors- how often they eat or drink sugar; their use of fluoride (e.g. from toothpaste or fluoride varnish) and how prone their teeth are to decaying (individual factors). At a population level dental health is strongly associated with deprivation. Any work that is done to reduce child poverty, improve health and wellbeing and people's sense of control of their health will also improve



oral health. For specific vulnerable groups improving access to dental care and to prevention will also improve health.

- 6.2 There is good evidence that programmes aimed at improving access to fluoride can mitigate the effects of deprivation and improve oral health as outlined in national guidance<sup>1</sup>. Manchester has invested in a comprehensive range of evidence based dental health programmes to improve dental health and reduce inequalities. Delivering Better Oral Health National guidance recommends a number of evidence based programmes as outlined below:

### Fluoride varnish

- 6.3 Fluoride varnish applied at least 2 times per year is one of the most effective interventions available to prevent dental caries leading to a 43% reduction in the number of permanent tooth surfaces affected by caries and a 37% reduction in the number of deciduous tooth surfaces affected by caries (Marinho et al, 2013).
- 6.4 At the end of Quarter 4 (March 2018), 71,4% of children’s dental treatment was reported to include fluoride varnish, increasing from 41.2% from the end of Quarter 1 for 2016/2017 and is the highest rate in Greater Manchester and significantly higher than the national average for England (shown in Table 4). This is a success story but could improve further still.

**Table 4: Rates of Children’s courses of treatment including Fluoride Varnish**

	2016 / 2017				2017 / 2018			
	Fluoride Varnish Rate (Q1 2016/17)	Fluoride Varnish Rate (Q2 2016/17)	Fluoride Varnish Rate (Q3 2016/17)	Fluoride Varnish Rate (Q4 2016/17)	Fluoride Varnish Rate (Q1 2017/18)	Fluoride Varnish Rate (Q2 2017/18)	Fluoride Varnish Rate (Q3 2017/18)	Fluoride Varnish Rate (Q4 2017/18)
Bolton	41.8%	43.0%	47.3%	51.4%	53.8%	57.3%	57.6%	59.0%
Bury	41.7%	44.7%	54.2%	57.6%	59.3%	61.3%	59.0%	61.1%
HMR	45.1%	46.1%	52.2%	58.1%	61.4%	67.1%	67.2%	65.7%
Manchester	41.2%	43.6%	51.1%	56.2%	60.8%	62.6%	63.5%	71.4%
Oldham	58.5%	60.6%	62.9%	65.5%	67.4%	69.1%	70.8%	68.1%
Stockport	37.7%	41.2%	47.3%	52.1%	54.6%	58.5%	54.6%	55.7%
T&G	42.9%	40.9%	53.4%	59.1%	60.9%	61.7%	61.1%	63.5%
Trafford	39.5%	42.1%	52.1%	56.1%	58.2%	55.1%	59.9%	61.5%
Wigan Borough	48.1%	49.6%	51.7%	58.5%	60.4%	60.8%	60.8%	62.0%
Salford	34.5%	39.1%	45.5%	50.6%	51.5%	51.7%	62.4%	63.4%
<b>Greater Manchester</b>	43.2%	45.1%	51.5%	56.4%	59.0%	60.7%	62.0%	63.4%
<b>ENGLAND</b>	42.4%	43.5%	45.1%	47.5%	49.7%	51.6%	53.2%	54.6%

- 6.5 A number of practices in Manchester run nurse lead oral hygiene instruction clinics which developed out of training schemes in Manchester to enhance nurse skills and fluoride varnish provision.
- 6.6 The benefits of evidence based preventive advice and the application of fluoride varnish in a clinical setting for caries reduction are clear. However

there is a proportion of every population that does not attend the dentist and so cannot benefit from these approaches. Although a percentage of children in Manchester are in touch with NHS dental treatment services within each 24 month period this leaves a percentage who are not. It is likely that the non-attenders will be at greater risk of dental caries and would benefit most from preventive advice and actions. The Manchester Oral Health Improvement Team (OHIT) is focused on tackling health inequalities and either leads or supports the delivery of the following programmes.

**a) Buddy Practice scheme**

In addition to the nationally recommended programmes this local programme links primary schools with local dentists to improve access to dental care and provide fluoride varnish twice yearly to children's teeth. The programme has been running for 5 years and is well received. An evaluation of the programme is currently underway.

**b) Supervised tooth brushing programme**

Children in early year's settings and schools brush their teeth with a fluoride toothbrush and toothpaste. This gets fluoride on the teeth and also develops good tooth brushing habits in young children making it easier for parents to clean their teeth at home.

**c) Early Years**

Health visitors provide oral health packs and advice to parents and carers ensuring that messages about weaning, healthy eating, cleaning teeth with fluoride toothpaste and visiting a dentist are embedded in their practice. The Chief Dental Officer is encouraging parents and carers of all children to visit a dentist by the time that they are 12 months. The mandated health visiting check is an opportunity to reinforce this message.

**d) Training**

In addition the team provides training to health and social care professionals so that oral health becomes everyone's business. This has focused historically on children's services but is being extended to include training for care home staff to ensure that the mouth care for vulnerable older adults is maintained to maximise increase independence and avoid dental and general health problems.

**7.0 Patient feedback on dental services**

**Friends and Family Test (FFT)**

- 7.1 The Friends and Family Test is a feedback tool which supports the fundamental principle that people who use NHS funded services should have the opportunity to provide feedback on their experience that can be used to improve services. The initial question is "How likely are you to recommend our dental practice to friends and family if they needed similar care or treatment?" The most recent FFT data collection was in November 2017 and is provided in Table 5.

- 7.2 Completion of FFT is optional for patients and FFT results are not used to compare practices directly but can help inform current and prospective patients about the experience of those who use the services and help mark progress over time.
- 7.3 Practices also include their own free text follow up question(s) which can be used to help them undertake their own internal analysis based on their local population to enable comparisons between experiences of different groups. The result of the follow up question(s) is not published centrally.
- 7.4 Practice choose their own collection methodology including handwritten, text message or online to encourage participation from all patients groups across the range of services they provide and are not required to answer the FFT question each time they visit the practice.

**Table 5: Friends and family test data for Manchester (November 2017)**

Number of practices who submitted FFT data	41	56%
/Number of practices who did not submit data or submitted late	32	44%

Total Responses received	410	
Over % of patients who would recommend the practice		95%
Extremely Likely or Likely to recommend	382	93.1%
Neither Likely or Unlikely to recommend	8	2%
Unlikely or extremely unlikely to recommend	3	0.7%
Don't know	4	1%

- 7.5 Further patient feedback is collected questionnaires sent by the NHS Business Services Authority to a random sample of patients who have received NHS dental treatment. The most recent response rates are provided in Table 6

**Table 6: Dental Assurance Framework sampling data**

Quarter 4 – 2017/18	Manchester		GM	England
Total Responses Received	190			
Satisfied with the NHS dentistry received	164	84.5%	92.4%	91.6%
Satisfied with waiting time for appointment	154	78.2%	89%	88.1%

## 8.0 NHS Choices

- 8.1 In March 2017 NHS Choices changed the way in which information about dental practices was displayed following an agreement with NHS England. This change affected all dental practices that had not updated their dental availability information for more than 3 months and the outdated information would be shown on the website as 'Data not available' to members of the public.
- 8.2 GM H&SC Partnership remind practices about the need to ensure NHS Choices is regularly updated through the monthly newsletters and NHS Choices will be commencing automatic notifications to practices to remind them of them of 90 day review cycle.

## **9.0 Recommendations**

The Committee is asked to note the report.