

Primary Care Measures: indicator review

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① You are now reviewing the PCM indicator(s) for: **Dental practice access**

① **Caution:** The information on this page is provided for testing purposes and may be subject to amendment. It may contain errors or not be fully reflective of consensus public health advice or relevant services, therefore should only be used with care.

STEP

A

Strategic context

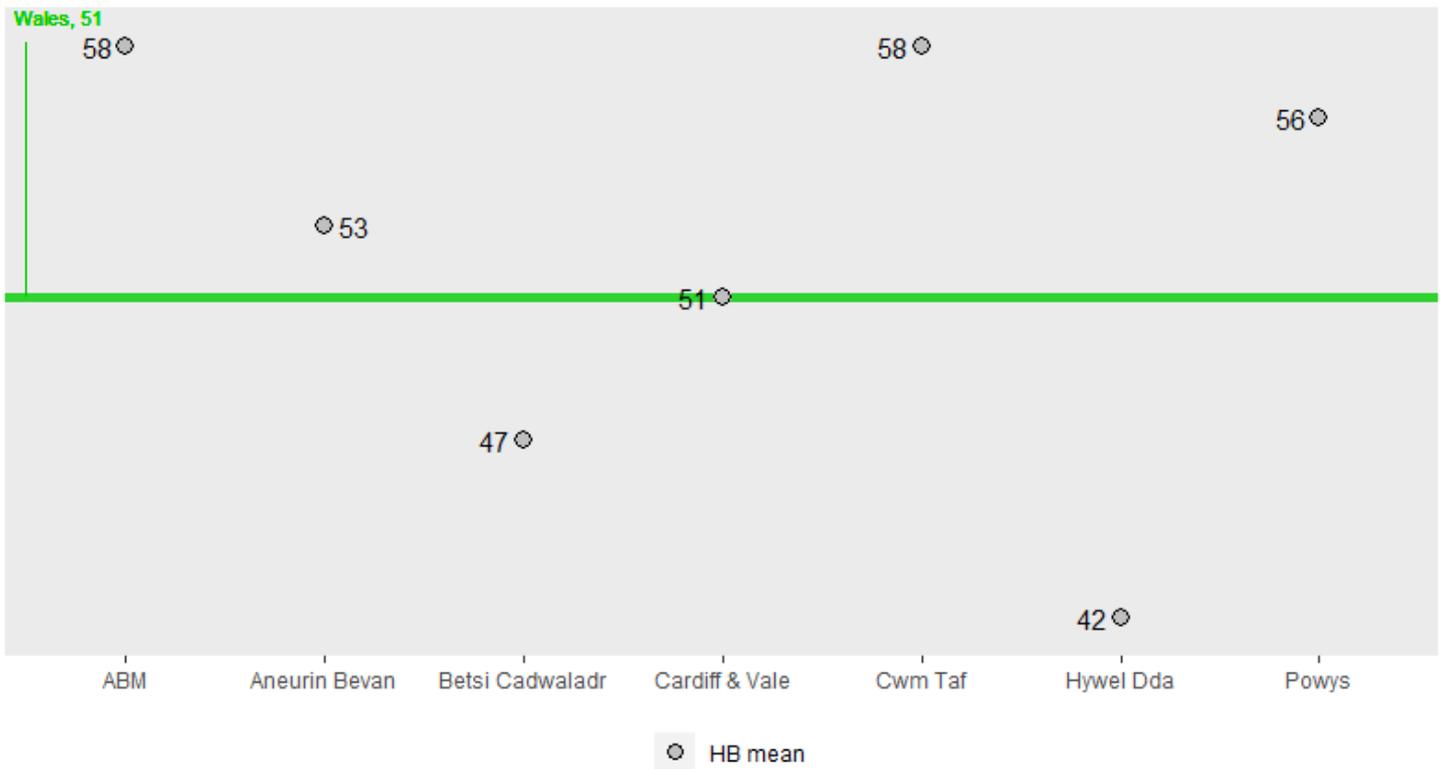
① Consider the national strategic context for prioritising improvement action in this area (in conjunction with your health board's IMTP and Regional Partnership Board's Area Plan):

- *A healthier Wales: our plan for health and social care* (June 2018; [link](#)) re-emphasises that when people need support, care or treatment, they will be able to access a range of services which are made seamless and delivered as close to home as possible; these services will be designed around the individual and around groups of people, based on their unique needs and what matters to them, as well as quality and safety outcomes. Timely access to urgent and preventive dental care is a priority for the Welsh Government, health boards and public ([link](#)).
- Tooth decay and periodontal (gum) disease are highly prevalent yet largely preventable chronic diseases. Tooth decay is the commonest reason for children to be admitted to hospital and require a general anaesthetic for dental treatment. A recent review of in-hours and out-of-hours access for urgent dental care in support of NHS 111 programme, the Lift the Lip project within [Designed to Smile](#) and discussions within health boards around patients with dental problems accessing general medical services (GMS) have all highlighted dental access issues.
- There are several reasons why patients may consult a GP with a dental problem (BJGP 2018; 68(677): [e877-e883](#)); this presents challenges to GPs who report concerns about their ability to manage such conditions. Despite this, GPs frequently report prescribing antibiotics for patients with dental conditions, which may contribute to both patient morbidity and the emergence of antimicrobial resistance (BMJ Open 2015; 5: [e008551](#)).
- The current dental contract, which focuses on delivery of Units of Dental Activity (UDA), is problematic. Increasing delivery of prevention through dental services and access to dental services based on dental need are core components of General Dental Services Reform Programme in Wales ([link](#)). Health boards are currently working with some dental practices participating in the reform programme to improve dental access, especially for those patients who have dental care needs but are unable to access urgent or routine dental care. This provides opportunity for primary care clusters to work with their health board and neighbouring dental services to ensure patients with preventive intervention and dental care need do have timely access to local dental services.
- Indicators for this topic are reported via Primary Care Measures.

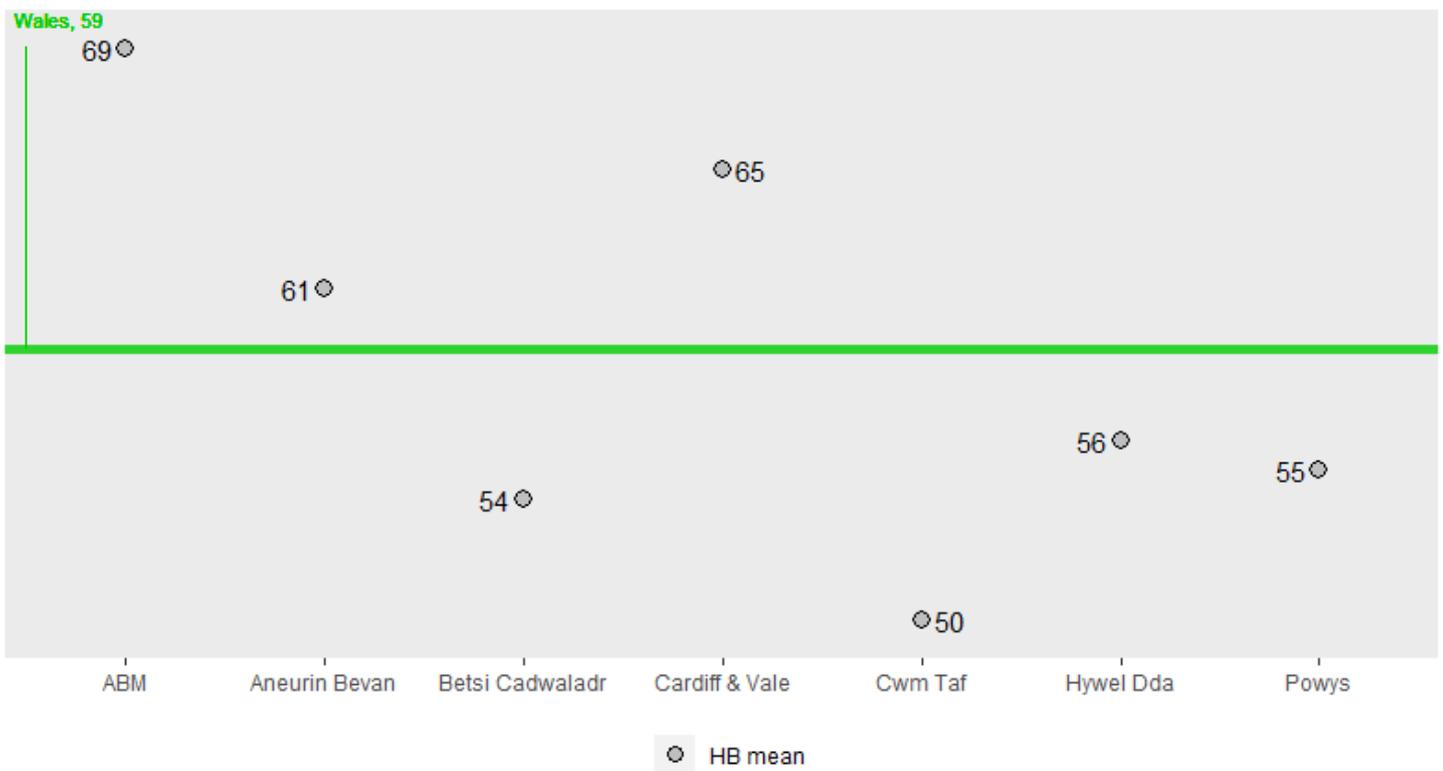
▼ PCM national variation

① Primary Care Measures (PCM) are a set of care quality indicators for primary care in Wales. The charts below emphasise variation between and within health boards; for further information see [here](#). Beneath the charts are improvement action options that may inform cluster IMTPs. Variation is a natural phenomenon and can be healthy e.g. it can be a deliberate result of innovation in primary care settings that seeks to test improvements in processes or deliver better care outcomes. Variation that is observed in a healthcare context may be referred to as *inequality*; inequality that is judged to be both avoidable and socially unjust is termed *inequity* (sometimes alternatively described as *unwarranted variation*).

Variation in proportion of adults who accessed dental care at least once during the previous 24 months, by health board, 2016/17 (*Source*: PCIP, Nov 2019):



Variation in proportion of children who accessed General Dental Services in the previous 12 months, by health board, 2016/17 (*Source*: PCIP, Nov 2019).



STEP **B** Improvement actions for GP practice cluster members

① Consider which of the following actions could be taken forward:

▼ Enhance referral pathways that improve dental access

- Work with the health board's primary care management team and neighbouring dental practices to test referral pathways that improve access for patients who have not had a dental assessment in the recent past (24 months for adults and 12 months for children).

STEP **C** Improvement actions for wider cluster members

① Consider which of the following actions could be taken forward:

▼ Enhance referral pathways that improve dental access

- Work with the health board's primary care management team and neighbouring dental practices to

test referral pathways that improve access for patients who have not had a dental assessment in the recent past (24 months for adults and 12 months for children).

STEP **D**

What is happening in Wales?

① Consider whether shared learning/ local experience might guide your own implementation of the evidence:

▼ Placeholder project description

- *What problem was being addressed?* Placeholder.
- *What was done to address it?* Placeholder.
- *How does this evidence good practice?* Placeholder.
- *What key learning can be shared?* Placeholder.
- *Who did it or who can be contacted in the event of queries?* Placeholder.

① Have something to share? Please let us know [here](#).

① **Caution:** Any text entered into the following sections will not be saved if you navigate away from this page, or close the browser window before selecting PRINT.

STEP **E**

What do you know about community views on this?

① Consider any relevant citizen/ community voice information (e.g. from surveys, complaints, engagement events, or your health board's well-being or population needs assessments). Summarise this into the following box:

STEP

F

What assets or partnership opportunities can you identify?

① Consider any relevant local assets or potential partner organisations that might facilitate co-production. Summarise this into the following box:

STEP

G

Do you need more data before making a decision?

① If relevant, consider any additional data (or information) requirements that might ensure a more informed decision on determining action. Summarise this into the following box:

STEP

H

What is your provisional decision?

① Having reviewed PCM indicator data and considered evidence-informed quality improvement options, please record initial thoughts on proposed actions. You may also wish to record related thoughts around potential service models, capacity requirements, workforce development or financial considerations. Ideally, discuss these with both the wider cluster and with your local public health team ([LPHT](#)). Summarise your proposals for action into the following box:

① Now this page (e.g. to PDF) so you have a record of your entries (Steps E-H). You may then close the Print view browser window and review another PCM indicator.