Enhanced CPD Programme – Module 1

Introducing Starting Well
Contents

• Where did the need of the scheme come from?
• In summary, what is the scheme about?
• How will the scheme work?
• Preventive Practices
  • Advanced Preventive Practices
• Interventions and delivering the scheme
• Monitoring and Evaluation
• Data Collection
• Delivering Better Oral Health Audit
• Patient Engagement
Where did the need for the scheme come from?

It has been long recognised that improving the oral health of children in early years of their lives will have a positive impact on their oral health in later years.

In May 2016, the then minister for health announced ...

"...NHS England will work in ten of the identified high needs areas within England to pilot more creative ways of using their commissioning expenditure to improve children’s oral health. NHS England will work in collaboration with the BDA, LDNs and LDCs to ensure these pilot schemes address the challenges we face. "
In summary, what is the scheme about?

In response to the announcement, NHS England introduced Starting Well: A Smile4Life Initiative. This programme of dental practice-based initiatives aims to reduce oral health inequalities and improve oral health in children under the age of five years.

The programme will be available to all children, with a focus on those who are not currently visiting the dentist and under one-year-olds and will ensure that evidence-based preventive advice about reducing sugar intake and increasing the exposure to fluoride on teeth is given to parents of these children.
In summary, what is the scheme about?

There will be patient and practice level interventions alongside work to strengthen relationships between local communities and practices.

The programme intends to complement existing local NHS England and local authority led initiatives and the work of the Children’s Oral Health Improvement Programme Board and dental contract reform.

The programme will sit as part of a range of interventions that local health and social care economies responsible for children’s oral health need to put in place. Guidance from Public Health England and the National Institute for Health and Care Excellence (NICE) describe evidence based population level interventions to improve oral health such as water fluoridation that complement this practice based initiative.
How will the scheme work?

The scheme is going to be targeted at the areas where it is needed most. Using information from Public Health England that describes children's oral health it has been possible to list the 13 areas where need for the scheme is highest. Originally it was 10 areas, however due to some of the having similar need it was extended to 13 areas.

The scheme seeks to reduce the oral health inequalities and improve oral health in children under the age of five years in the 13 high priority areas, through creative commissioning.
How will the scheme work?

In no order of priority, the areas are:

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How will the scheme work?

The main objectives of the scheme are:

• Offer evidence-based and innovative interventions at individual level, practice level and community level to parents of all children under the age of 5, with a focus on high-risk groups.

• Increase the provision of preventive advice and interventions by the primary care dental team, as per the evidence-base presented in the guidance document ‘Delivering Better Oral Health’ (DBOH), through training and support to the dental team.
How will the scheme work?

• Increase the proportion of children under the age of five-years accessing dental care:
  • With a focus on high-risk groups and under ones
  • Increase the integration of primary care dental teams with the community and other frontline healthcare professionals

• Develop and deliver the programme in partnership working with: Public Health England; Health Education England; the dental profession through the British Dental Association, Local Dental Networks and Local Dental Committees; and Local Authorities – for increased effectiveness of the programme and to complement existing local initiatives

• Provide NHS England dental commissioners with a method of commissioning the programme within the existing dental contract.
How will the scheme work?

• Practices taking part in the programme can do so at two levels, which have different requirements these are Preventative Practices and Advanced Preventative Practices

• Preventive Practices will work to ensure that care delivered in practice is focussed on supporting a preventative approach to delivering care

• Advanced Preventive Practices will do the same as Preventive Practices, but also integrate the dental team with the local community and wider healthcare system
Preventive Practices

• Designated Prevention Champion – will encourage a focus on prevention and co-ordinate practice activities
• Prevention Pathway – implementation of the locally-agreed prevention pathway (delivery of evidence-based interventions – DBOH, NICE recall, Making Every Contact Count (MECC)
• Audit of preventive activities—baseline and quarterly prospective re-audit of a small sample of patients for each dentist
• Action plans – written by the champion and dental team on areas for improvement in delivering prevention
• Staff meetings – one hour a month for all members of the dental team to discuss Preventive Practice
• Displays – promoting good oral health habits visible in waiting areas
• Engage with local partners including consultants in dental public health, local dental networks and local commissioners (locality network/relationships)
• Training – all staff will receive training in the principles of DBOH, MECC and basic oral health messages.
Advanced Preventive Practices

• Work with health and social care professionals – to build new links, relationships and knowledge of Starting Well
• Reaching out to communities to promote dentistry – e.g. through supporting a tooth-brushing club or health fair 3x/year
• Welcoming families into the practice – for example through open days and holiday events 3x/year
• Adopting a setting - working with the locality network to support the oral health improvement activities in identified early years’ settings and enable facilitated access for those signposted for dental care
• Practices may also be asked to work with a high-risk group – as agreed with their locality network – to support improved oral health
• Practices to develop an understanding of how being an Advanced Preventive Practice complements any local authority oral health strategies or plans to improve oral health.
Interventions and delivering the scheme

**Designated Practice Prevention Champion will....**

- Encourage a focus on prevention and recording of preventive care activity on FP17s
- Support dental team members within the practice with the implementation of Delivering Better Oral Health and the prevention care pathway
- Record discussions of prevention activity at staff meetings
- Engage with local partners including consultants in dental public health, local dental networks and local commissioners and be responsible for the flow of relevant information to these partners and back to the dental practice team.
- If there is a local oral health improvement network or local dental network prevention subgroup, the champion will be expected to engage with this
- Coordinate the practice audit of implementation of Delivering Better Oral Health using the national audit tool
- Ensure the practice demonstrates a commitment to take on children aged from 0 to four years seeking to access the practice within its agreed activity levels
- Ensure that the practice is breastfeeding friendly
Interventions and delivering the scheme

Evidence-based advice at an individual level

All members of the dental team (all clinical, managerial and administrative staff) within the practice will have received training in the principles of Delivering Better Oral Health, Making Every Contact Count and basic oral health messages. The practice will implement the following evidence based interventions:

• Offer advice and preventive care consistent with Delivering Better Oral Health and undertake prospective audits of this activity on a quarterly basis
• Ensure recall intervals are consistent with NICE guidance
• Making Every Contact Count, in line with training, as appropriate to the child and their family
Interventions and delivering the scheme

**Embedding Prevention in to Practice Practices will demonstrate that…..**

- They are providing prevention to all children accessing the practice aged four and under in line with Delivering Better Oral Health and the prevention care pathway

- They undertake a baseline audit of preventive activities using the audit tool developed for the programme, carry out prospective re-audits on a quarterly basis, review audit results and develop action plans, implement remedial action where areas for improvement have been identified and review this on a quarterly basis

- They are providing follow-up appointments and on-going care, including fluoride varnish applications, for all children having general anaesthesia or sedation for the extraction of carious teeth
Interventions and delivering the scheme

Embedding Prevention into Practice Practices will demonstrate that.....

• They are providing follow-up appointments and on-going care for all siblings of children having general anaesthesia or sedation for the extraction of carious teeth
• Recall intervals are consistent with NICE guidance
• They set aside one hour a month for all members of the dental team to discuss Preventive Practice and any operational issues related to the programme
• The oral health champion engages with local partners including the consultant in dental public health, the local dental network and local commissioners or the local oral health improvement network or local dental network prevention subgroup if one exists
• Displays promoting good oral health habits are visible in waiting areas of the practice, the content of which is discussed with the local consultant in dental public health or the local oral health improvement network or local dental network prevention subgroup as appropriate
Monitoring and Evaluation

• There will be an on-going evaluation of the initiative which will look at whether the aims and objectives of the programme were met and inform the development of guidance to future commissioners of such programmes. The evaluation will primarily look at the same information used by commissioners for monitoring, including data submitted by FP17 and through the data tool.

• In addition, some commissioners and practitioners will be interviewed to capture information not available through other methods. The University of Birmingham is leading the evaluation on behalf of NHS England and will be undertaking the interviews. Early learning will be fed back to participants during the course of the initiative.
Monitoring and Evaluation

• As with any commissioned service, evaluating outcomes and managing system performance is an activity that requires data flows between providers and commissioners

• In developing a set of performance and outcome metrics with Public Health England, NHS England in partnership with NHS BSA has developed a suite of data collection tools and reports to support both provider management and service outcome evaluation

• Each of programme aims and objectives will be measured using a set of indicators, which will also support practices and networks to measure progress locally
Data Collection

Data collection is instrumental to measuring progress towards the scheme’s goals and both providers and commissioners will need to support the data collection process. In trying to reduce the burden on providers and commissioners, data collection is being managed centrally using a web portal that practices are already familiar with, as it is also used for the ‘Friends and Family Test’. A data submission calendar has been developed and practices will be prompted by email when data submissions are due. The funding that practices are being paid to be a part of the scheme is in part to enable them to support the data collection and submission processes of the scheme.

There are three types of data to be collected and submitted by practices:

• Non-FP17 data to capture interventions and processes not captured in FP17s
• Patient questionnaire data
• Delivering Better Oral Health Audit data
Data Collection

Non-FP17 Data

• In dentistry, commissioning teams are fortunate that FP17 data is collated centrally and provides a wide range of intelligence relating to patient treatments and demographics

• However, the interventions in Starting Well go beyond the measuring of routine care encounters and as such there is a commitment required from dental providers and commissioners to supplement the FP17 data with additional information. NHS BSA have developed a data collection tool, similar to the web tool that is used by dental practices for the ‘Friends and Family Test’ to assist in collating the data to support the SW scheme

• Practices will be required to submit data on a monthly and quarterly basis, with some indicators being simple ‘yes/no’ answers and others being an aggregate of activities from patient encounters or audits

• Where possible, drop down lists have been provided to support data input and assist in the analysis of the schemes intended outcomes
Data Collection

Submitting the data

The data submission portal will require practices to register before submissions can be made. Where there is more than one provider operating at a practice and involved in the SW programme, the practice will need to nominate one provider contract number to be the nominated ‘lead’ provider number, and the reporting portal will have the facility for practices to enter any other provider numbers operating from the practice that are involved in the scheme. This enables a single submission per practice as opposed to multiple submissions for each provider at the practice.

Submissions will commence in January 2018 and providers will be expected to submit data for the duration of the programme (24 months). However, there will be the ability for providers to submit beyond the final submission date, should any providers join the scheme late and find themselves out of sequence with the calendar.
Delivering Better Oral Health Audit

• All practices will be required to undertake an audit of the preventive advice and interventions they provide patients, with Delivering Better Oral health as the standard. This includes the requirement to undertake a baseline audit to enable practices to monitor their progress in delivering preventatively focussed care.

• Practices can enter their results from the audit for central submission using the same web tool used for data submission on the DBOH audit tool.

• During the auditing period, practices will be expected to audit 20 children per dentist each quarter, with the data submission the following month.
Delivering Better Oral Health Audit

Purpose of the audit
The purpose of the audit is to determine the extent to which Delivering Better Oral Health is being implemented for children under the age of 5 years old within the dental practice and to help your practice identify any areas for improvement. The results of the audit will also inform the national evaluation of the Starting Well programme.
Delivering Better Oral Health Audit

Audit criteria and standards
The audit criteria have been taken from the Starting Well prevention care pathway, which in turn was developed from the guidance in Delivering Better Oral Health for children under the age of 5 years old. There are 22 audit criteria under three domains:

• Prevention advice and treatment given to all 0-2 year olds
• Prevention advice and treatment given to all 3-4 year olds
• Additional prevention advice and treatment given to 0-4 year olds at high risk

The audit tool grades performance against the criteria. Grade 1 indicates that all criteria were met for that domain; grade 2 indicates that all but one criteria were met and grade three indicates two or more criteria were not met.
Delivering Better Oral Health Audit

Frequency of audit
Practices will carry out an initial audit on entry to the Starting Well programme to provide a baseline for future audits and to generate an action plan for the practice in those areas where improvement is needed.

Further audits will be undertaken every quarter and the action plan updated accordingly.

Audit method
Practices will audit 20 children per dentist each quarter. The audit will be carried out prospectively during the appointments of the first 20 children under the age of 5 years old seen by each dentist at the practice at the start of the audit quarter.

Submitting the data
Practices should submit an aggregate practice level return.
Patient Questionnaire

As with all commissioned services, NHS England has an obligation to seek service user feedback, and SW is no different. The patient questionnaire has been developed to find out more information about the child attending practice. The questionnaire is also designed to support the evaluation of the scheme’s objectives so there are questions that relate to the views of child’s carer on oral health, their appointment at the practice and any potential changes in behaviour and attitude to the maintenance of the child’s oral health.
Patient Questionnaire

The questionnaire will be administered 4 times each year that the Starting Well scheme is running, 8 times in total. Details of when to undertake the surveying of patients’ carers and when to submit the data is available in the ‘Data submission and submission calendar’. The timing of the surveys has been chosen to coincide with school holidays, when it is anticipated that there may be more children in practice.

During the survey period practices should administer the survey to somewhere between 10 and 20 patients’ carers, choosing carefully the time and place to undertake the survey to ensure that the carer has the time to consider each of the responses.

Submitting the data
Practices should submit patient level data