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**Report To:** Inverclyde Integration Joint Board      **Date:** 11 September 2018

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Inverclyde Health & Social Care Partnership      **Report No:** IJB/39/2018/HW

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**Subject:** NHS Greater Glasgow & Clyde Oral Health Directorate Report: Inverclyde HSCP (2018)

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## **1.0 PURPOSE**

1.1 The purpose of this paper is twofold –

- i. To bring to the attention of the Integration Joint Board, the publication of the above report. This will outline a descriptive summary of the report produced by the Oral Health Directorate for Inverclyde for 2017, using comparative data, where this is available
- ii. To provide an update on developments pertaining to some of the aligned work will be delivered by Inverclyde HSCP.

## **2.0 SUMMARY**

2.1 In context, NHS Greater Glasgow & Clyde's Oral Health Directorate's work is in direct response to the Scottish Government's Oral Health Improvement Plan (OHIP). This strategic approach was recently updated at the beginning of this year and sets the direction of travel for oral health improvement and NHS dentistry for the next generation. The OHIP has a strong focus on preventing oral health disease, meeting the needs of the ageing population and reducing oral health inequalities.

The report highlights that whilst child oral health is poor in Inverclyde, improvements can be seen for Primary 1 and Primary 7 aged children compared to previous data collected in 2012/2013.

The plan can be accessed at <https://www.gov.scot/Resource/0053/00530479.pdf>.

In development, is the NHSGGC Oral Health Directorate's revised strategy that will be published later in the year.

2.2 These reports are produced on an annual basis and rotate for activities specifically for the NHSGGC Oral Health Directorate, which is the case for the

2018 document, and key outputs that extend to the delivery elements within the responsibilities of Inverclyde HSCP.

Throughout the document there is importance placed on performance data that will inform future ways of working; build upon ways to address some of the known challenges; cut across wider preventing dental decay approaches and other resources currently offered by the Oral Health Directorate and the HSCP.

- 2.3 There is a comprehensive set of recommendations that are suggested by the Oral Health Directorate that have informed further recommendations, both in response and to enable future ways of collaborative working and in order to improve on oral health outcomes.

### **3.0 RECOMMENDATIONS**

- 3.1 The Integration Joint Board is asked to note the content of this paper.
- 3.2 The Integration Joint Board is asked to consider the further recommendations, as detailed in section six.
- 3.3 The Integration Joint Board is asked to agree to receive further updates, particularly in relation to the operational responsibilities for the HSCP.

**Louise Long**  
**Chief Officer**

## 4.0 BACKGROUND

4.1 At the time the Oral Health Directorate produced the report, the Scottish Government had set targets for child dental health, by 2022, for there to be a 10% increase in Primary 1 and Primary 7 children who have “no obvious dental decay”.

Although Child Oral Health in Inverclyde remains a matter of concern, there are some improvements, however there is still work to be done, particularly in the registration of very young children with an NHS dentist remaining low.

Data presented below demonstrates particular areas where Inverclyde is performing well, against both the GGC-wide and Scottish indicators.

4.2 Oral health in Inverclyde is delivered by three services:

- The NHSGGC Oral Health Directorate, which is hosted by East Dunbartonshire HSCP. The Oral Health Directorate’s Corporate function oversees developments for the local General Dental Services and Public Dental Health Services. From an operational perspective, the NHSGGC Oral Health Directorate delivers support services to local primary schools (up to P3) and the Caring for Smiles Older Persons programme.
- The Inverclyde HSCP’s Health Improvement & Inequalities Team is responsible for the delivery of the Childsmile Core Toothbrushing Programme in pre 5 establishments and has a locus in the consent process and linking with dental practices for the Fluoride Varnishing Programme, with delivery overseen by the Oral Health Directorate. Oral health promotion for the 0-5 age group is carried out by the team.
- The HSCP’s Children & Families Team have their responsibility in delivering the Childsmile Practice component and this provides the important link that has been established between Health Visitors (HSCP’s Children & Families) and the HSCP’s Dental Health Support Workers (DHSW). The work is mainly to visit and support families of new-born babies, thereby providing assistance in locating and visiting a dentist for new parents. Additionally, they provide awareness of the main dental message to encourage good oral health.

4.3 General Dental Services

There are 10 independent contractor practices providing NHS dentistry in Inverclyde.

These practices provide General Dental Services (GDS) and in addition 3 practices provide sedation services. Inverclyde has 1 practice that provides only orthodontic services meaning no patients are registered with them for GDS.

Data available from Information Services Division (March 2016) shows the proportion of patients registered in Inverclyde are:

- 92.3% Children (compared to 93.7% Scotland: 94.3% GG&C)
- 89.7% Adults (compared to 90.0% Scotland: 93.9% GG&C)

The registration data for Inverclyde are consistently lower than the data for Greater Glasgow & Clyde and for Scotland. The Oral Health Directorate suggests this might be attributed to the number of patients, particularly adults, who may be registered with non-NHS dentists, or may travel outside of Inverclyde for dental treatment. As data is not collected for non-NHS practices, it is not possible to determine numbers of patients seeking treatment outside of the NHS.

However, this explanation may not hold as robustly for children, as dentists may hold list numbers with NHSGG&C to provide NHS dental registration and

treatment for children, whilst providing non-NHS treatment for parents.

More detailed data on dental registrations from Information Systems Division (see <http://www.isdscotland.org/Health-Topics/Dental-Care/Publications/data-tables.asp?id=1677#1677>) highlight an issue relating to registration of very young children (aged 0-2 years). In Inverclyde the proportion of children aged 0-2 years who are registered with a dentist is 58.3%. This compares to 48.1% for Scotland and 50.9% for NHS GG&C. Although this figure is higher than Scotland and GG&C it remains lower than desired as this starts the oral health journey for a child.

#### 4.4 Public Dental Health Service (PDS)

This service provides comprehensive dental care and oral health education to priority group patients, including those with special needs, adult and paediatric learning disabilities, medically compromised and all groups of children. Treatment is provided in clinics, schools and nurseries, care homes, outpatient daycentres, hospital units and domiciliary visits, prisons and undergraduate outreach clinics.

The following table illustrates the Location and services delivered by the PDS in Inverclyde –

Locations/Services	Paediatric Dentistry	Paediatric Special Care Dentistry	Paediatric Sedation Services	Adult Special Care Dentistry	Adult Special Care – Sedation Services	General Dental Services	Oral Hygiene Services	Domiciliary Care
Greenock Health Centre	√	√	√	√	√		√	√
Inverclyde Royal Hospital							√	
Greenock Prison						√	√*	

\* A pilot hygiene therapy service is currently taking place in Greenock Prison.

#### 4.5 Dental Public Health

The oral health of children in NHS GG&C has improved significantly over the last 20 years and this can be attributed to the implementation of the Childsmile programme.

Children in Inverclyde have generally demonstrated poorer oral health than the average for Scotland and the average for NHSGG&C, supported by data from the National Dental Inspection Programme (NDIP).

#### NDIP Data for Primary 1 (Detailed Inspections 2012/16) –

% of Primary 1, with no obvious decay experience			
	2012	2014	2016
Scotland	67.0%	68.2%	69.4%
NHSGGC	63.2%	65.3%	68.2%
Inverclyde	59.7%	65.3%	69.6%

  

Pr 1 Mean dmft for Children With dmft>0			
	2012	2014	2016
Scotland	4.10	3.97	3.93
NHSGGC	4.38	4.10	4.07
Inverclyde	3.90	4.00	4.00

## NDIP Data for Primary 7 (Detailed Inspections 2013/17) –

% of Primary 7, with no obvious decay experience			
	2013	2015	2017
Scotland	72.8%	75.3%	77.1%
NHSGGC	67.8%	72.5%	73.1%
Inverclyde	66.4%	65.4%	69.0%

Pr 7 Mean DMFT for Children With DMFT>0			
	2013	2015	2017
Scotland	2.24	2.16	2.16
NHSGGC	2.33	2.27	2.24
Inverclyde	2.40	2.40	2.40

DMFT = number of decayed, missing or filled teeth

Recent findings from NDIP show that the proportion of P1 children in Inverclyde who have no obvious dental decay experience is similar to that in NHSGG&C and Scotland. However, a lower percentage of P7 children in Inverclyde have no obvious dental decay experience when compared to NHS GG&C and Scotland.

Where children have decay experience, the DMFT (number of decayed, missing or filled teeth) is slightly higher in Inverclyde than the average for Scotland for P7 children. The DMFT figures for P1 children are similar for Inverclyde, NHS GG&C and the average for Scotland.

Comparison of the detailed inspection data between 2014 and 2017 shows some improvement in oral health at a local level for both P1 and P7 children. The proportion of children who do not have obvious dental decay is lower in Inverclyde than in GG&C and Scotland. The differences between Inverclyde and NHSGG&C for P1 children are not significant. However for P7 children, significantly fewer children in Inverclyde have no obvious dental decay when compared to NHS GG&C.

School level data for P1 and P7 Basic NDIP for Inverclyde (2017) is illustrated in the following summary tables, with totals and proportions is also displayed, together with corresponding summary for 2016 for comparison. The letter categories are explained as –

<b>Letter A</b> : child should seek immediate dental care on account of severe decay or abscess
<b>Letter B</b> : child should seek dental care in the near future due to one or more of the following: presence of decay, a broken or damaged front tooth, poor oral hygiene or may require orthodontics
<b>Letter C</b> : no obvious decay experience but child should continue to see the family dentist on a regular basis

## Basic NDIP Data P1 Schools Inverclyde 2017 (2016 for comparison) –

Number of NDIP Schools	21	
Total number of P1's on Roll	791	
Total number of P1's not receiving NDIP	46	
Number (%) Children Inspected: Letter A	90	12.1%
Number (%) Children Inspected: Letter B	177	23.8%
Number (%) Children Inspected: Letter C	478	64.2%

	2016		2017	
Number of NDIP Schools	20		21	
Total number of P1's on Roll	754		791	
Total number of P1's not receiving NDIP	45		46	
Number (%) Children Inspected: Letter A	86	12.1%	90	12.1%
Number (%) Children Inspected: Letter B	139	19.6%	177	23.8%
Number (%) Children Inspected: Letter C	484	68.3%	478	64.2%

## Basic NDIP Data P7 Schools Inverclyde 2017 (2016 for comparison) –

Number of NDIP Schools	21	
Total number of P7's on Roll	804	
Total number of P7's not receiving NDIP	79	
Number (%) Children Inspected: Letter A	15	2.1%
Number (%) Children Inspected: Letter B	277	38.2%
Number (%) Children Inspected: Letter C	433	59.7%

	2016		2017	
Number of NDIP Schools	20		21	
Total number of P7's on Roll	777		804	
Total number of P7's not receiving NDIP	45		79	
Number (%) Children Inspected: Letter A	14	1.9%	15	2.1%
Number (%) Children Inspected: Letter B	256	35.0%	277	38.2%
Number (%) Children Inspected: Letter C	462	63.1%	433	59.7%

The Basic NDIP data show some differences to those seen for the Detailed NDIP results. For both P1 and P7 children, the percentage of children in Inverclyde receiving a “C” letter (which represents “no obvious decay experience”) fell between 2016 and 2017. While a more rigorous method is used for the examination of teeth in the detailed Inspection, more children are seen for a basic inspection at the HSCP level. The findings suggest that some caution is used in interpreting the data in terms of changes in oral health between the two time points.

It is also worth noting that the percentage of “C” letters for P7 will always be somewhat lower than the Detailed NDIP results due to teeth from both the primary and secondary dentition being included in the Basic but not the Detailed NDIP dataset.

### 4.6 Dental extraction under GA

The extraction of teeth is an end-point for dental decay experience. For young children this procedure is usually performed under general anaesthetic – a traumatic experience presenting a risk to children, loss of school time (work time for parents) and resource intensive for NHS GG&C. Data are available for the numbers of referrals of children for extraction of teeth under general anaesthetic and can assist in building a more comprehensive knowledge of population oral health.

The following table represents the Referrals for dental extractions under general anaesthetic for children in Inverclyde (rates calculated from mid 2016 population estimates ages 3-16) -

Post code sector	2013	2014	2015	2016	2017	Total	Pop <sup>n</sup> Rate (per 1000) in 2016
PA16 0	5	6	6	7	23	47	
PA16 7	3	6	7	2	15	33	
PA19 1	3	6	3	1	8	21	
Total for Inverclyde	11	18	16	10	46	125	7
Total for GG&C	2339	2340	2413	2007	1900	10,999	9

It should be noted the data rows are raw data and not weighted by population. Nevertheless, the data illustrates there has been an increase in the total number of children referred in Inverclyde, which requires further investigation by the NHSGGC Oral Health Directorate.

#### 4.7 Oral Health Improvement - Childsmile

Childsmile is the National Dental Programme to improve the oral health of Scottish children. The programme has three main components –

- Childsmile Practice
- Childsmile Core Toothbrushing Programme
- Childsmile Fluoride Varnish Programme.

Childsmile Core Toothbrushing programme, delivered by the Health Improvement & Inequalities Team was established within the Inverclyde area in 2006. All of Inverclyde mainstream schools (n=21) are taking part in the programme, which is in addition to the 100% (n=31) of all pre-5 establishments.

The following table highlights the Inverclyde establishments participating in toothbrushing for the period 2017-2018, by SIMD area –

SIMD	CHILDREN WITH (AT LEAST ONE) KEPT DHSW APPOINTMENT	CHILDREN WHOSE FAMILIES REFUSED CHILDSMILE	'FAMILY COULD NOT BE CONTACTED'	FAMILIES WITH OUTCOME 'FTA / NOT AT HOME' (FURTHER CONTACT REQUIRED)
1	241	10	0	46
2	70	5	0	7
3	49	2	0	4
4	78	8	0	8
5	49	1	0	5
Total	487	26	0	70

#### Inverclyde Establishments Participating in Tooth brushing 2016/2017 –

SIMD	NURSERIES	PRIMARY SCHOOLS INCLUDING ADDITIONAL SUPPORT NEEDS SCHOOLS	TOTAL
1	4	2	6
2	10	9	19
3	4	3	7
4	7	6	13
5	5	1	6
Total	30	21	51

\*100% of Schools and Nurseries were observed Toothbrushing in the education term.

#### 4.8 2017 National Smile Month (NSM)

During a four-week period between May and June 2017 a variety of events were held to promote National Smile Month. This year the NSM Group planned and developed a campaign to promote the Childsmile programmes and to raise awareness of the importance of tooth brushing to maintain good oral health throughout NHS GG&C schools. Introductory e-mails were sent out to all schools inviting the P6 pupils to produce a 2 minute tooth brushing song, which could include diet and dental visits.

25 schools across NHS GG&C participated; unfortunately no entries were received from the Inverclyde schools.

## 4.9 Caring for Smiles

Caring for Smiles is Scotland's national oral health promotion, training and support programme, which aims to improve the oral health of older people, particularly those living in care homes.

The programme contains information, which is adaptable to all adults, particularly those who are dependent or vulnerable.

The table below provides data on the number of Care Home involved in the programme in Inverclyde.

HSCP	Number of Care Homes	Number participating in CFS Training	Number participating in CFS Monitoring	Total number of Residents	Number registered & seen by a dentist within last 12 months	% of residents seen & registered with a dentist within last 12 months
Inverclyde	18*	18*	18*	656*	483*	74%*

\*Includes 3 care homes, Quarriers Parklands, Davidson and Kelly registered to provide accommodation and support to adults with physical and sensory disabilities, including epilepsy.

Between 1st April 2016 and 31st March 2017 a total of 23 care home staff have been trained, which brings the total to 440 from 2013, although this will include staff who have left employment.

All establishments are visited by an Oral Health Educator on a monthly basis to check the baseline audit and update the dental registration figures which are reported back.

At the end of March 2017, the number of residents' recorded dental visits observed by the OHE within care homes was 74%\* (this is the number of residents who received a dental visit within the last year).

## 5.0 Summary of Key Findings and NHSGGC Oral Health Directorate Report Recommendations

- 5.1
- There needs to be a focus on improving Childsmile activity reported for Childsmile Practice.
  - There needs to be better understanding of the increase in GA extraction episodes in 2017.

The Oral Health Directorate would be keen to continue to work in partnership so as to improve the oral health outcomes for the local population, with a focus in the following areas and driven forward by the Oral Health Directorate in:

- Aiming to improve links with NHS dental practice and provide support and training for Childsmile.
- Continuing to work with partners, such as the HSCP and Education Services, to improve the uptake and delivery of Childsmile programme.
- Undertake focused work with General Dental Practices to ensure all Childsmile elements of care are delivered (including fluoride varnish) to children in Inverclyde.
- Work with children and families team in Inverclyde HSCP to ensure our continued focus is on improving registration and outcome for NDIP national inspection.
- Work with the HSCP to look for innovative ways to improve the oral health of their population.



- Work with the Care Home Liaison teams to increase dental registration amongst the residents to ensure appropriate dental intervention when required.

## 6.0 Local Developments and Considerations

6.1 Not only in response to the above findings and recommendations, the HSCP is required to consider the future effectiveness of delivering local oral health services on behalf of the Oral Health Directorate. At present within the HSCP, oral health for children is delivered with two services, the Health Improvement Team and Children and Families Team.

In order to deliver this most effectively, the current provision undertaken by both the Health Improvement & Inequalities Team (HIIT) and those in Children & Families has been reviewed and the decision taken to move the operational delivery of the pre-5 establishments work, its 1.6wte staff and resources to be delivered fully by Children & Families. The Health Improvement Team will retain a strategic remit for overall Oral health and support the transition of the function.

In order to progress this transition, it is proposed that a service improvement process will be created that will identify –

- Scope and Deliverables
- Benefits, Costs and Mitigating Risks
- Governance, Organisation and Reporting
- Project Plan and Timelines
- Reflect any proposed organisational change processes in following the NHSGGC Workforce Change Policy and Procedure, which should ensure the minimum of disruption to individuals and services through this process.
- A working group, consisting of Management (Children & Families and Health Improvement), HR, Staff-side and a staff representative will be convened, responding to the overall service improvement process and to ensure the smooth transition.

## 7.0 IMPLICATIONS

### 7.1 FINANCE

There are no financial implications from this report.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

### 7.2 LEGAL

There are no legal implications from this report

### 7.3 HUMAN RESOURCES

The human resources implications of 1.6wte staff will be overseen by the working group described in 6.1 above.

### 7.4 EQUALITIES

7.4.1 Has an Equality Impact Assessment been carried out?

X

YES

NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

7.4.2 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

### 7.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no clinical or care governance implications arising from this report.

## 7.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	N/A
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	Not specific to the Oral Health Directorate report but for the proposal in a service review, it is anticipated that these are driven by a need to use resources more effectively.

## 8.0 CONSULTATION

- 8.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.
- 8.2 This is as stated in 6.0 of this report and in the creation of a working group to review the HSCP's service delivery of oral health services in Inverclyde, requiring consultation with staff and in line with the NHSGGC Organisational Change Policy.

## 9.0 BACKGROUND PAPERS

- 9.1 List of NHS Dental Practices in Inverclyde



app1-dental\_practice  
s\_iclyde.pdf

9.2 Scottish Government's Oral Health Improvement Plan (OHIP) – available at <https://www.gov.scot/Resource/0053/00530479.pdf>.

Practice Name	Address	Town	Postcode	Date of Combined Practice Inspection	Date of Sedation Practice Inspection	Orthodontic Practice	Sedation Practice	No Childsmile Practice Activity (Oct-Dec)	0 years - 2 years 11 months	3 years - 5 years 11 months	6 years - 12 years 11 months	13 years - 17 years 11 months	18 years - 64 years 11 months	65 years, 0 months	Grand Total
Infinity Smiles	84 West Blackhall Street	Greenock	PA15 1XG	26/10/16		√			--	--	--	--	--	--	--
Lynton House Dental Surgery	13a Brown Street	Port Glasgow	PA14 5BP	18/12/15					130	199	519	407	4639	1459	<b>7353</b>
Belhaven Dental Surgery	Scarlow House,2 Scarlow St	Port Glasgow	PA14 5EY	27/02/15	24/09/15		√		195	394	935	450	6004	1326	<b>9304</b>
Crosshill Dental Practice	Dubbs Road	Port Glasgow	PA14 5UF	21/09/17	29/01/16		√		191	314	838	604	6676	1266	<b>9889</b>
George Square Dental Centre	6 George Square	Greenock	PA15 1QP	12/02/15				√	51	91	303	254	3091	832	<b>4622</b>
Orangefield Dental Practice	2 Orangefield Place	Greenock	PA15 1YX	16/02/17					66	136	373	391	3021	1384	<b>8371</b>
Ivy Cottage Dental Surgery	Main Street	Inverkip	PA16 0AU	26/11/15	24/09/15		√		54	94	285	230	2053	582	<b>3298</b>
Ardgowan Dental Care	12A Union Street	Greenock	PA16 8JJ	28/10/15					171	229	612	436	5190	1864	<b>8502</b>
Frederick Dental Practice	11a Union Street	Greenock	PA16 8JL	12/12/17					267	420	1134	726	7940	2176	<b>12663</b>
Dentistry on the Clyde	24 Kempock Street	Gourock	PA19 1NA	13/09/17					46	77	218	197	1631	310	<b>2479</b>
Weir & McClafferty Dental Care	Gourock Municipal Buildings	122 Shore Street	PA19 1QZ	30/03/15					141	190	533	411	4678	1778	<b>7731</b>
Kilmacolm Dental Surgery	7 St James Terrace	Kilmacolm	PA13 4HB	28/11/17					21	48	87	99	690	165	<b>1,110</b>
									<b>1333</b>	<b>2192</b>	<b>5837</b>	<b>4205</b>	<b>45613</b>	<b>13142</b>	<b>75322</b>

**Details for NHS Dental Practices: Inverclyde**