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LDC officials day

Friday 1st December 2023

LDC officials day
NHS Dentistry in the context of the wider NHS.

LDC officials day

Friday 1st December 2023

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Jason Wong

Interim Chief Dental Officer England

MBE BDS(Birm) DPDS(Brist) PGCMedEd FCGDent(CG Dent)

Partner & Dentist - Maltings Dental practice, Grantham
Clinical Ambassador Mouth Cancer Foundation

OCDO update:

- Context
- Putting the mouth back in the body
- Patient and practitioner safety
- Quality
- Clinical leadership
- Minamata COP 5
- Conclusion & future

NHS dentistry

**in the context
of the wider NHS**

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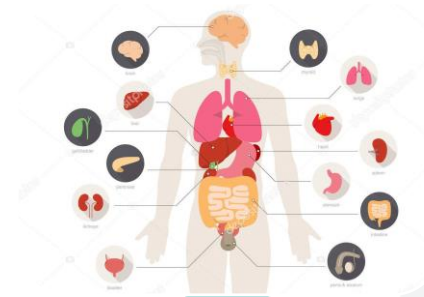


Addressing oral health inequalities

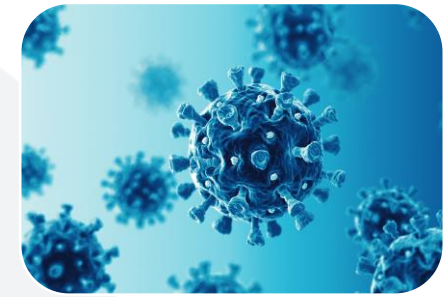


The NHS Long Term Plan

Implementing NHS Long-Term Plan



Integration of oral health into general health



COVID-19 recovery

CURRENT STATE

ORAL HEALTH AND DENTAL SERVICES 2023



Promoting skill mix and numbers of a collaborative and inclusive dental workforce



System transformation: ICSs and PCNs



Navigating Brexit and international politics



Providing high quality, safe, clinically-effective, innovative care



Enabling digital healthcare technology



Managing clinical, population and misinformation trends



Dental System Reform

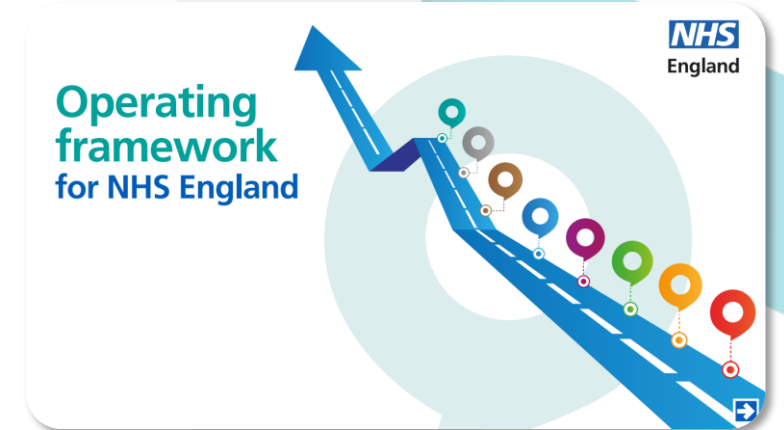


Climate crisis

Implementing the NHS Long Term Plan following COVID-19



1. Improve A+E waiting times.
2. Reduce elective long waits and cancer backlogs.
3. Make it easier for people to access primary care services, particularly general practice.
4. Improve mental health services and services for people with a learning disability and autistic people.
5. Improve maternity and neonatal services.
6. Prevent ill health and narrow health inequalities in access, outcomes, and experience.
7. Build and develop the workforce for now and the future.
8. Build an improvement culture and drive improvements in quality.
9. Transform care through harnessing data, information and technology.
10. Change how we work, empowering and supporting local systems partners to deliver on their responsibilities.



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Recognition

- Oral health is essential to general health and wellbeing at every stage of life.



Relationship

- A healthy mouth enables not only nutrition of the physical body...



Relevance

- ...But enhances social interactions, promotes self-esteem and feelings of wellbeing.



Putting the mouth back into the body

- Integration of oral health into general health
- Variety of evidence for improved health outcomes when oral health is incorporated
- Taking advantage of emerging programmes to ask where and how oral health can be included



REDUCING HEALTHCARE INEQUALITIES



CORE20
The most deprived 20% of the national population as identified by the Index of Multiple Deprivation

The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Target population

CORE20 PLUS 5

Key clinical areas of health inequalities

- MATERNITY**
ensuring continuity of care for 75% of women from BAME communities and from the most deprived groups
- SEVERE MENTAL ILLNESS (SMI)**
ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)
- CHRONIC RESPIRATORY DISEASE**
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations
- EARLY CANCER DIAGNOSIS**
75% of cases diagnosed at stage 1 or 2 by 2028
- HYPERTENSION CASE-FINDING**
and optimal management and lipid optimal management



REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE

CORE20
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Target population

CORE20 PLUS 5

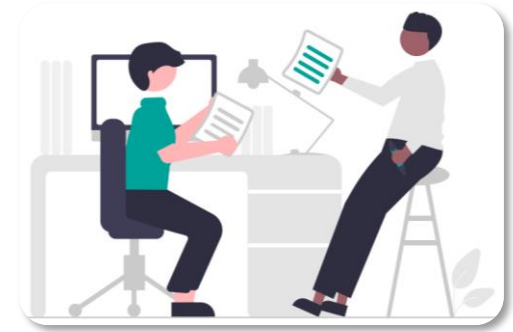
Key clinical areas of health inequalities

- ASTHMA**
Address over reliance on reliever medications and decrease the number of asthma attacks
- DIABETES**
Increase access to Real-time Continuous Glucose Monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & increase proportion of children and young people with Type 2 diabetes receiving annual health checks
- EPILEPSY**
increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism
- ORAL HEALTH**
Address the backlog for tooth extractions in hospital for under 10s
- MENTAL HEALTH**
Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation

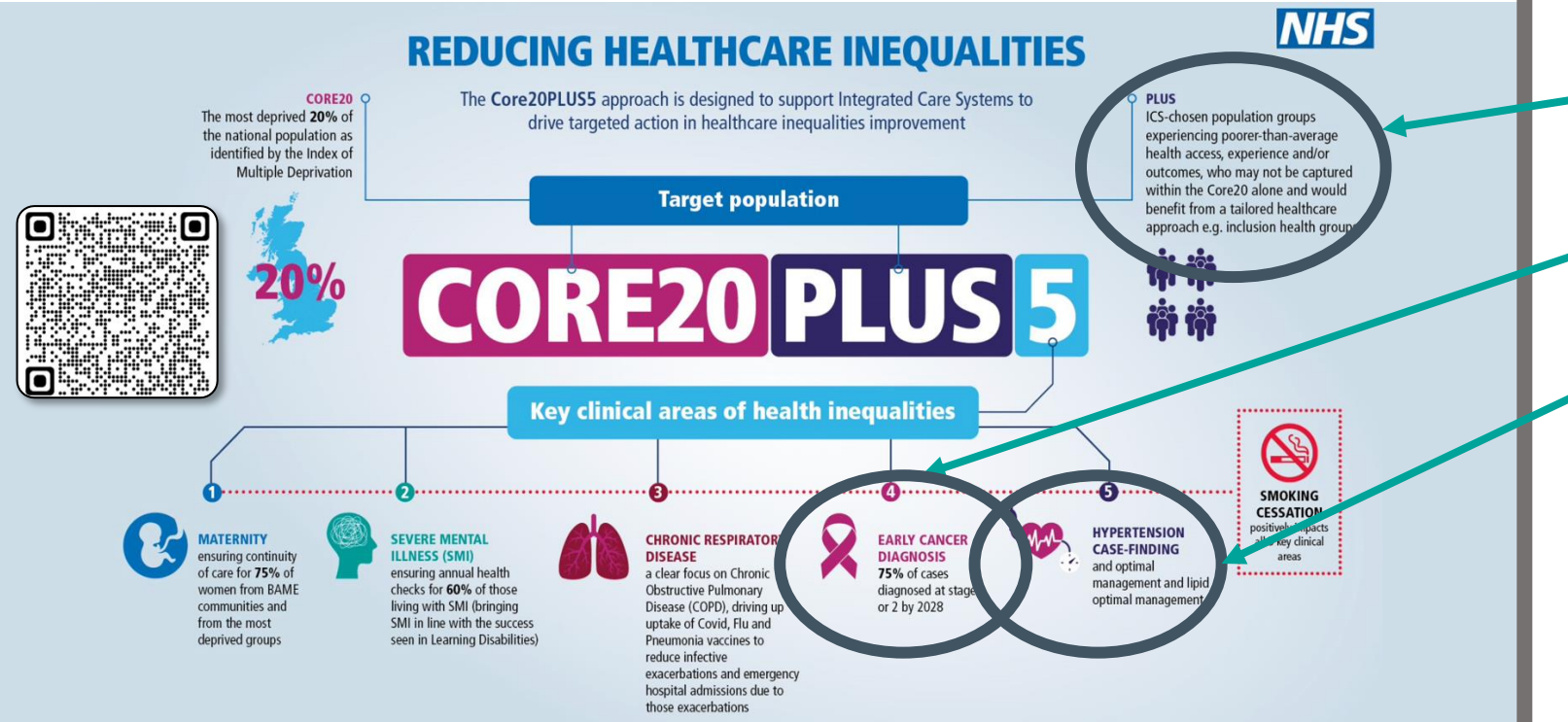
Putting the mouth back into the body

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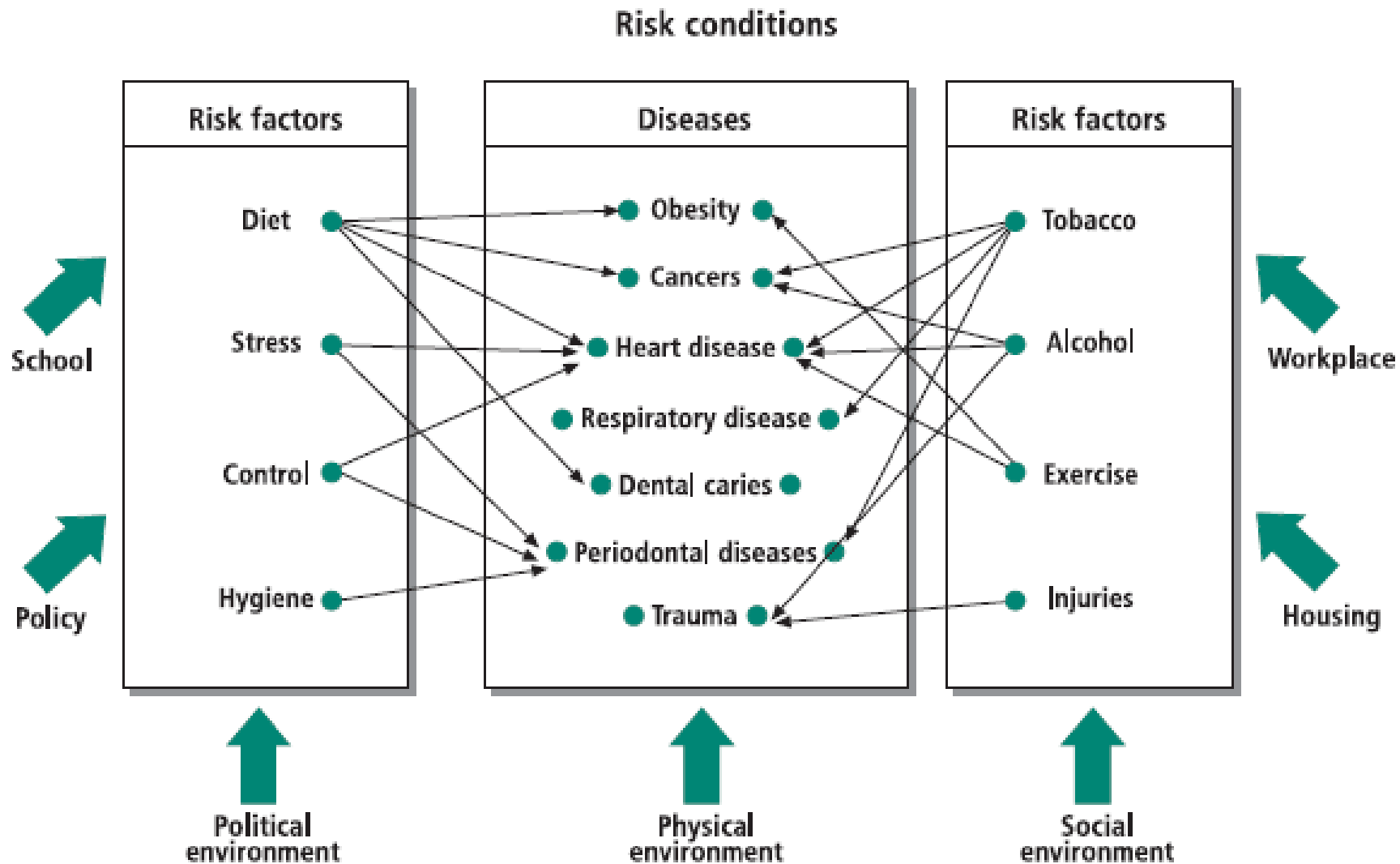
In progress



- Elderly and vulnerable with frailty
- Oral health in cancer pathways
- Cardiovascular hypertension case-finding in general dental practice national programme



Common risk factors





Your NHS dentistry and oral health update

24 July 2023

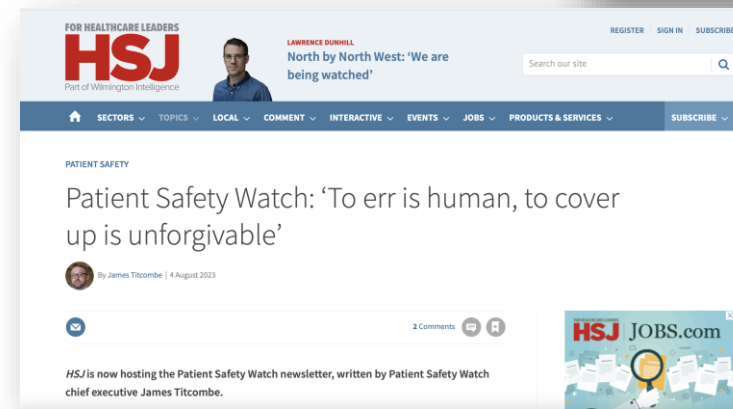
A special focus on Patient Safety

An introduction from Jason Wong

Project Sphere

- Promoting patient safety in **primary dental care**
- Regulators, indemnifiers, practitioners and patient voice **in the same room**
- Improve **infrastructure for recording** patient safety events
- Implement **templates** to share and enhance **learning** from safety events
- **Support practitioners**, reduce fear and encourage recording

Our aim is to change from *blame culture* to a *learning from experience culture*



Spotlight shines on patient safety in dental care

England's recently appointed interim chief dental officer Jason Wong has sent out a newsletter focusing on patient safety in dentistry. The comprehensive bulletin covered what the introduction of the Learn From Patient Safety Events system means for dentists and progress on Project Sphere – a programme set up in 2021 to discuss patient safety in dentistry – as well as providing links to several resources.

Sharing some good stuff...

Sign up to the NHS dentistry and oral health update →



Other bulletins

- Denture loss
- Clinical standards
 - Oral healthcare for autistic children and young people and/or those with a learning disability in special educational settings

NHS England dental clinical and commissioning standards



Your NHS dentistry and oral health update

4 September 2023

A special focus on Denture Loss

Mouth Care Matters



Dear colleague,

I am pleased to announce the publication of the [Guidelines for Preventing and Managing Denture Loss in Hospitals and Community Residential Settings](#). These guidelines have been developed to set the standards which hospital trusts and community residential settings should follow in order to reduce and manage denture loss experienced by patients and residents.

Denture loss is often underreported in hospital and community residential settings due to a lack of **standardised prevention or management policies** regarding denture loss.

Hospital patients and community service users often move between rooms, wards and departments, making the loss of dentures more likely to occur during these transfers, or during mealtimes or sleep, when dentures may be removed and inadvertently disposed of.

Our clinical and social care colleagues in hospital and residential settings play a vital role in looking after the health and wellbeing of inpatients. Patients and residents rely heavily on the skill and care of nurses, allied health professionals, and care staff for daily hydration, sustenance, and hygiene. This includes making sure that the dentures arriving with patients, enabling them to eat, drink and speak, also leave with them. These guidelines will help to support staff in providing care to service users who may have dentures.

The guidelines are an addition to existing local mouth care policies and the resources available as part of the [e-learning for healthcare \(e-lfh\) Mouth Care Matters](#) programme. Users must create an e-learning for health account to download the items, please read on for further information.

I would like to thank Natalie Archer and Don Jayawardena, both previous Midlands Leadership Fellows and now speciality trainees in restorative dentistry, for their work on this project. I would also like to thank Mill Doshi, Consultant in Special Care Dentistry, for her leadership on this project. I look forward to working with Dr Doshi on Denture Care Matters, a new component in progress for Mouth Care Matters, and to explore the use of scanning technology in the future to improve patient care.

In the meantime, I hope that this work will increase the number of dentures being labelled by the dental team. Increased awareness and practical application of denture labelling will result in reduced numbers of dentures being lost, and in turn will help to maintain the dignity and quality of life of many patients.

Kind regards,

Jason Wong



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Upstream ↑

Downstream ↓





Getting It Right First Time (GIRFT) in Dentistry



‘Tackling unwarranted variation to improve quality of patient care while also identifying significant savings’

- 106 hospital dental departments/units – 21 recommendations outlined.
- **Wider coding review** – ensuring accurate recording of treatment to measure outcomes, quality assurance, supporting workforce planning and service improvement.
- **E-referrals** to ensure co-ordinated management.
- Review **dental specialities workforce planning and training** – improving provision of specialists and enhanced skill dental practitioners in primary care – Level 2 services outside of hospital.
- Effective **managed clinical networks** (MCNs) – MDTs to support equitable access across all specialties – consultant led in paediatric dentistry.
- Reinvigorated focus on **prevention** – reducing invasive treatment and duration of hospital stays.
- **Holistic, integrated approach** towards oral health, through Integrated Care Systems (ICS) and primary care networks (PCNs).

Getting It Right First Time (GIRFT) in Dentistry



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Primary Dental Care
report - first draft in
review

Clinical audit



ANTIBIOTIC GUARDIAN **NHS**

antibiotics **DON'T** cure toothache!

- Toothache is **usually** caused by decay, which may lead to dental infection
- The best way to treat a toothache is to remove the cause of infection
- Contact your dentist for the most appropriate advice and treatment
- If you don't have a dentist and require urgent care call **NHS 111**

Find out more and become an Antibiotic Guardian at www.antibioticguardian.com

Supported by:



Peer review

Peer Review for the Dental Team: National Toolkit



July 2022

Quality improvement

GIRFT Primary Care Dentistry Pilot National Report for England

October 2023



This report has been produced by the Getting It Right First Time (GIRFT) Project Team at the Royal National Orthopaedic Hospital (RNOH). It aims to reduce unwarranted variation with the adoption of the GIRFT principles to ensure best outcomes for patients and to maximise the use of existing resources and assets.

Regulatory partnership

Oral Health Regulatory Strategic Leadership Forum

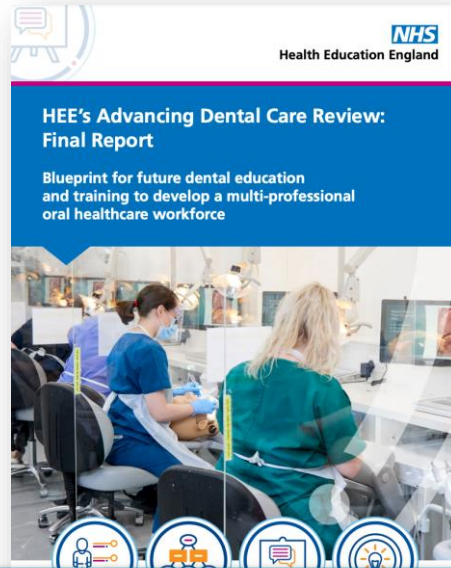


Working together, delivering change – starting the regulatory board in 2017



- Regulators of dental services across England work in **partnership and collaboration**
- Focus on a **strategic shared view** of safety and quality for patients and professionals
- To **connect** over and debate topical issues, **share** learning and understanding
- To **influence** quality improvement, safety improvement, service integration, and system-level change across England
- To **reduce** bureaucracy and double jeopardy
- To **support proportionate** regulatory response
- Promote a **national support scheme**

Advancing Dental Care



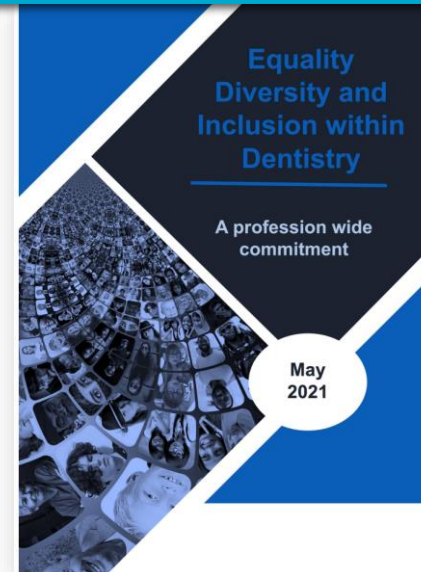
Workforce Plan 2023



Implementing workforce strategies



Identity: do dental care professionals feel part of the NHS? Do they **want** to be?



Equality Diversity and Inclusion within Dentistry

NHS Long Term Workforce Plan

- Programmes for dental therapy and hygiene professionals need to expand by 20–40%
- And for dentistry places by 23–40% as soon as possible, although scaling places in the right geographies may take several years.
- Our ambition is to increase training places for both workforce groups by 40% by 2031/32, increasing places to over 500 for dental therapists and hygiene professionals, and to over 1,100 for dentists.



NHS Long Term Workforce Plan

June 2023



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Prescription exemptions

Where are we now?



Date published: 11 January, 2023
Date last updated: 11 January, 2023

Download as a PDF

Oral health

Building dental teams: Supporting the use of skill mix in NHS general dental practice – long guidance

Publication

Content

- [Introduction](#)
- [Scope of practice](#)
- [Shared and collaborative working and direct access](#)
- [Operational factors](#)

This document provides information to dental teams about the use of skill mix in NHS General Dental Practice. Drawing on guidance and advice from professional regulators and bodies, research evidence, engagement with the profession, and practice-based case-studies, it seeks to clarify the regulatory position on dental therapists and dental hygienists providing direct access to patient care within NHS primary dental services.

This guidance:

- confirms that registrants working within the professional scope of practice specified by the General Dental Council can provide NHS care if they are qualified, competent and indemnified to do so.

Date published: 11 January, 2023
Date last updated: 11 January, 2023

Download as a PDF

Oral health

Building dental teams: Supporting the use of skill mix in NHS general dental practice – short guidance

Publication

Introduction

Content

- [Introduction](#)
- [1. Changes to the FP17 claim form](#)

Dental team working where skill mix is widely used has been shown to be beneficial for individual clinicians, teams, practice owners and patients. However, some of the greatest benefits and flexibility in terms of skill mix have been in private dental practice where, since 2013, dental care professionals have been able to work privately to their full scope of practice, providing direct access to patients without people needing to see a dentist first.

Blog

Skill mix in dentistry – the next steps in a team sport

📅 11 January 2023 👤 [Jason Wong](#)

Oral health

Since 2013, in private practice it's been pretty common for dental therapists and hygienists to provide direct access to care for patients. Administrative processes have been a barrier to dental therapists and dental hygienists opening and closing an NHS course of treatment – this means that, although direct access has been common in private practice, it hasn't yet been implemented within NHS general dentistry.

As part of the new [NHS dental system reform work](#), NHS England has clarified that dental therapists and dental hygienists can provide direct access, where that care is within the [General Dental Council \(GDC\) scope of practice](#), if they are qualified, competent, and indemnified to do so.

This means that NHS practices and their patients can now start to benefit from the full potential of our colleagues.

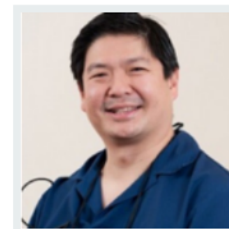
At my practice, our team is 49 strong ranging from part time visiting specialists to a full time apprentice dental nurse. We have always made use of skill mix at the practice. I joined the practice in 1995 and even then, there was a full time hygienist who we fully utilised to the

Chief Dental Officer Sara Hurley and the team at Health Education England showed in the recent [Advancing Dental Care report](#) that the case has been made for safely increasing the use of dental therapists, dental hygienists, dental nurses and dental technicians in the provision of care.

As a practice owner, the increased use of skill mix is crucial both in the recruitment of workforce where there are some real shortages and also in retention of the workforce that we have. In our practice we ensure that all dental nurses have the ability to develop their skill set so they can work to the fullest scope of practice as much for creating a rewarding environment for retention of staff than the increased efficiency created by more team members able to carry out a bigger range of tasks.

NHS Dentistry is a team sport and with these changes, we can have all our players on the pitch.

The NHS' guidance for teams on “[supporting the use of skill mix in NHS general dental practice](#)” is now online.



Jason Wong

Deputy Chief Dental Officer England and Dental Partner.

Clinical leadership

- Managed Clinical Networks
 - National lead for dental specialties
- Local Dental Network Chairs
- Local Dental Network Forum
 - Chairs
 - Dental Public Health Consultants
 - Integrated Care Boards
 - Postgraduate Dental Deans
 - Primary Care Commissioning
- Regional Chief Dentist(s)



System transformation: ICSs and PCNs

Local Professional Network map

NHS Commissioning Board Local Area Teams 2014



Integrated Care Boards

From 1 July 2022

- Integrated Care Systems and their Boards
- Primary Care Networks
- Managed Clinical Networks
- Clinical leadership
- ICB Non-Exec Directors with dental qualifications
- Fuller Stocktake
- Communication, collaboration and partnership

System leadership



Each ICS sits within one of the 7 NHSEI Regions
England is covered by 42 ICSs

Number	System structure	Population	Remit
7	NHSE&I Region	5-10million	<ul style="list-style-type: none"> • Agree system 'mandate' • Hold systems to account • System development • Intervention and improvement
42	Integrated Care System	1+million	<ul style="list-style-type: none"> • System strategy and planning • Hold Placed-based partnership to account • Implement strategic culture • Manage performance and finances
	Place-based Partnership	250-500K	<ul style="list-style-type: none"> • Typically borough/council level • Integrate hospital, council and primary care teams/services • Holds Primary Care Networks to account • See key functions below
	Neighbourhood	30-50K	<ul style="list-style-type: none"> • Strengthen primary care • Primary Care Networks of practices collaborating • Proactive and integrated models for defined populations providing core services
	Individual		

Functions of Place-based partnerships:



Understanding and working with communities

1. Developing an in-depth understanding of local needs
2. Connecting with communities



Joining up and co-ordinating services around people's needs

3. Jointly planning and co-ordinating services
4. Driving Service transformation



Addressing social and economic factors that influence health and wellbeing

5. Collectively focusing on the wider determinants of health
6. Mobilising local communities and building community leadership
7. Harnessing the local economic influence of health and care organisations

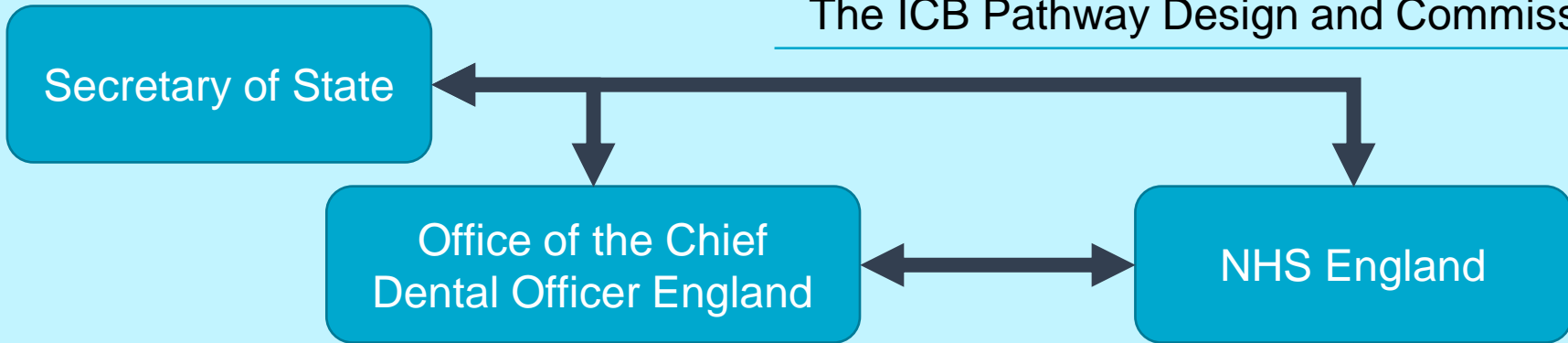


Supporting quality and sustainability of local services

8. Making best use of financial resources
9. Supporting local workforce development and deployment
10. Driving improvement through local oversight of quality and performance

The ICB Pathway Design and Commissioning Landscape

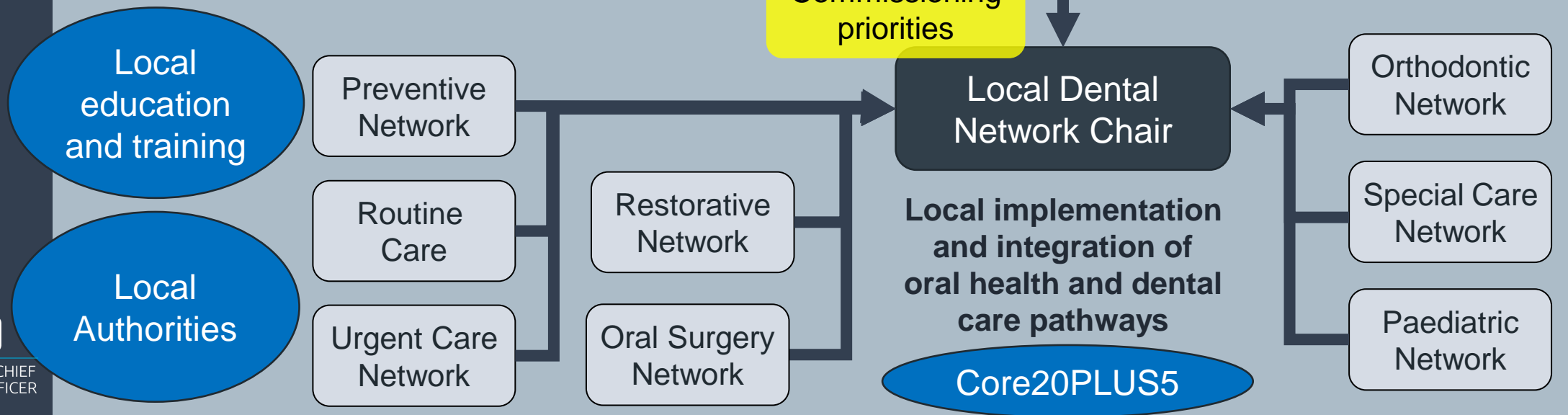
National



Regional



Local



Managing trends

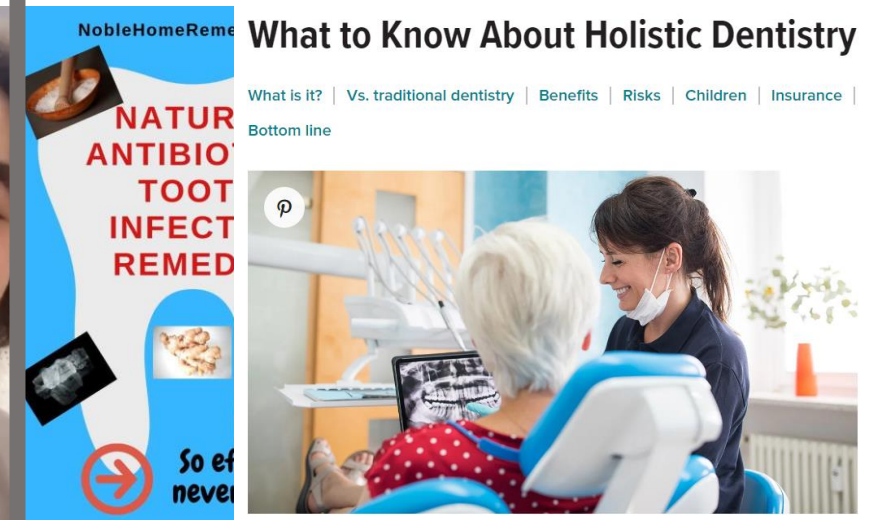
Clinical

- Aging population
- Complex comorbidities
- Highly specialised clinicians
- Technology and techniques
- Trends and populations moving faster than research

Population



Misinformation





COP-5

Fifth meeting of the Conference of the Parties to the Minamata Convention



PRIORITY PASS

MEETING	VENUE	DATES
MCM-COP-05 Fifth meeting of the Conference of the Parties to the Minamata Convention on Mercury (COP-5)	GENEVA, SWITZERLAND	30 Oct–3 Nov 2023

UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND

Jason Wong

Interim Chief Dental Officer
Department for Health and Social Care
Department for Environment Food and Rural Affairs

2 Marsham Street
London SW1P 4DF
United Kingdom of Great Britain and Northern Ireland

Phone:
Fax:
Email: jason.wong4@nhs.net
Other emails:

Annex I*

Proposal by the Africa region to amend parts I and II of annex A to the Minamata Convention on Mercury on dental amalgam at the fifth meeting of the Conference of the Parties

The Africa region proposes to include in Part I, Annex A dental amalgam as mercury-added product with the following text:

Part I: Products subject to Article 4, paragraph 3

Mercury-added products	Date after which the manufacture, import or export of the product shall not be allowed (phase-out date)
Dental amalgam	2030

Furthermore, the Africa region proposes to add the following text below the two existing mandatory requirements in Part II of the Annex A as follows:

Part II: Products subject to Article 4, paragraph 3

Mercury-added products	Provisions
Dental amalgam	<p>In addition, Parties shall:</p> <ul style="list-style-type: none"> (i) Submit to the Secretariat a national plan concerning the measures it intends to implement to phase out the use of dental amalgam (ii) Exclude or not allow, by taking measures as appropriate, the use of dental amalgam in government insurance policies and programmes

The EU proposal



The EU are proposing to amend regulation (EU) 2017/852. For dental amalgam, Article 10 is proposed to be amended as follows:

- *(a) the following paragraph 2a is inserted:*
- *“2a. From 1 January 2025, dental amalgam shall not be used for dental treatment of any member of the population, except when deemed strictly necessary by the dental practitioner based on the specific medical needs of the patient.”;*
- *(b) the following paragraph 7 is added:*
- *“7. From 1 January 2025, the manufacture and export of dental amalgam shall be prohibited.”*

Minamata Convention

- Since leaving the EU, our participation in the UK's first full (face to face) Minamata Convention, the Fifth COP of the Minamata Convention, a legally binding treaty designed to protect human health and the environment from the adverse effects of man-made emissions, ended on a high and successful note.
- We engaged collaboratively, building key relationships and demonstrating UK leadership while we worked within our negotiating mandate and achieved objectives on our key priorities on Dental Amalgam, Effectiveness Evaluation, Mercury Thresholds and Programme of Work and Budget.



Minamata Convention

- The COP agreed to defer the total phase out of dental amalgam to the next COP in 2025. We successfully worked in collaboration with other Parties who shared our position to block the proposal for a total phase out while adopting some mandated phase down measures that we are happy to implement.

"Submit to the secretariat a national action plan or a report based on available information with respect to progress they have made or are making to phase out or phase down dental amalgam every four years as part of national reporting."



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System level vision

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What are we trying to achieve?

- Recovery: provide access to care for all those who want it and those in **greatest need**
- Prioritising access to those with an **urgent dental need**
- Providing **evidence-based** care, in line with **best clinical practice**
- Focusing on achieving oral health: **prevention, stabilisation, improvement**
- **Personalised, risk-based recall**
- Utilising the whole dental team to deliver care
- Make use of **innovation** to deliver care, while learning from COVID-19

Why are we doing this?

- Reducing health inequality
- Improve quality of life





Jason Wong @JasonWong12 · Oct 13
Good to see this guidance published. This is just the beginning & work is ongoing with further guidance that showcases more opportunities to help ICBs when considering how dentistry & oral health operates in wider healthcare.

We are Primary Care @PrimaryCareNHS · Oct 13
This guidance provides ICBs with an outline of the legal requirements of the national #dental contractual framework and highlights key considerations with procuring additional and further services, previously termed 'flexible commissioning'
...
[Show more](#)

NHS
Opportunities for flexible commissioning in primary care dentistry
A framework for commissioners

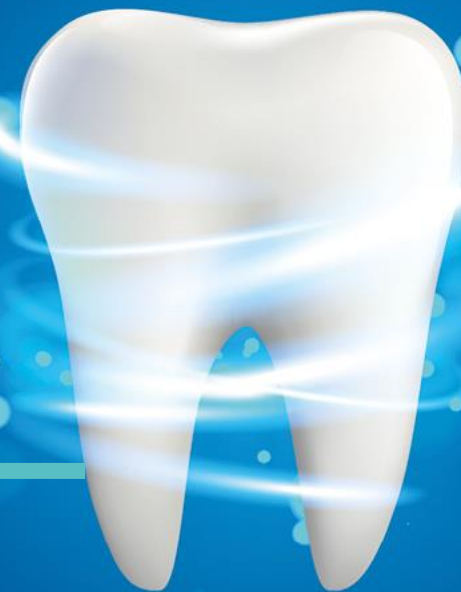
Clinical policy for self-funded dental treatment requiring NHS intervention

- This policy will set clear guidelines on when it would be appropriate to provide NHS dental care for self-funded dental interventions that present with acute presentations or complications.
- Patients who have received self-funded dental treatment (in the UK or abroad) but later require NHS intervention due to a complication or the presentation of an acute oral health condition should be assessed and determine the appropriate course of action.
- Patients who have undergone treatment on a self-funded basis can have access to NHS care where there is a need for stabilisation, or to manage an acute problem; however, any definitive treatment will be subject to NHS acceptance criteria.



DENTAL SHOWCASE

Raising the standards of oral care



OCDO Collaboration Zone:

**Enhancing existing societies and
associations in dentistry to
benefit the whole profession**



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Friday 22 and Saturday 23 March 2024

dentalshowcase.com



[@DentalShowcase](https://twitter.com/DentalShowcase)



[BDIA dental showcase](https://www.linkedin.com/company/bdia-dental-showcase)

← Register



Jason Wong

Interim Chief Dental
Officer England



Edit profile

Jason Wong

@JasonWong12

General Dentist with interests in Oral Health promotion & Implant Dentistry. Proud Dental Geek. Interim Chief Dental Officer England. All views are my own.

📍 Grantham 🌐 maltingsdental.co.uk 📅 Joined October 2011

1,623 Following 5,780 Followers

england.ocdo-cdo-england@nhs.net

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