

***Oral Health Needs  
Assessment Toolkit  
for Primary Care  
Trusts***

*March 2006*



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# 1.0 Summary

The government's vision for the future of dental services was set out in Options for Change, June 2002. It heralded reform and envisaged dentistry being an integral part of the wider primary care network. The priorities it identified were:

- Promoting preventive practice
- Developing oral health assessment for patients as a gateway to NHS dentistry
- local commissioning and funding
- changing methods of remuneration for general dental practitioners
- access to care, provision of a quality service, information to patients and oral health promotion
- development of the dental team

The new contractual arrangements for dentists will be introduced in April 2006. PCTs will have responsibility for the NHS budget for dentistry and will undertake local commissioning. This involves agreeing local contracts with dentists to meet the needs of their populations. The new contracts are designed so dentists can spend time focusing on preventive oral care. The Oral Health Plan, Choosing Better Oral Health, published in November 2005 will help to support PCTs in commissioning dental services to meet the oral health needs of their local population. The plan sets out a number of measures local PCTs can take to improve the oral health. It supports PCTs in planning to assess need and in undertaking wider work to promote oral health and reduce inequalities.

These changes provide PCTs with challenges and opportunities. In order to make the most of the flexibility of new working arrangements and integrate dentistry more fully with PCT commissioning and primary care it is critical that PCTs undertake and regularly review the oral health needs of their population.

PCTs need to:

- Understand the oral health needs of their population
- Take stock of the current dental services provided
- Consider the potential in dentistry for redesigning services
- Take a rational approach to commissioning dental services

This toolkit provides PCTs with a guide to undertaking an oral health needs assessment and has been developed in the light of the experience of PCTs that have measured and understood the needs of their population. It also references work on health needs assessment in other areas and draws in particular on the pharmaceutical needs assessment toolkit developed by NatPaCT.

PCTs need to work with local networks, Consultants in Dental Public Health (CsDPH), PEC dentists, Clinical Directors of Salaried Primary Care Dental Services (SPCDS) and Local Dental Committees (LDCs) to develop and understand the current provision and to complete an oral health needs assessment. In time, this will become a routine component of

the wider assessment of needs that PCTs undertake as part of planning services for their population.

This toolkit describes the process for undertaking an oral health needs assessment in detail. The following summarises the important tasks and milestones that PCTs should seek to address.

***Before undertaking a needs assessment, the PCT should have in place:***

- A lead director to oversee the implementation of the new contractual arrangements following ten key steps in guidance for PCTs
- A steering group that includes sponsors, internal champion and external champion who support an oral health needs assessment approach
- Briefings for the Board and PEC on the new contractual arrangements and get Board approval for the oral health needs assessment
- Ensure that the steering group communicates with patients, dentists and other healthcare professionals about the contractual arrangements and the oral health needs assessment
- Undertake a risk assessment in relation to the changes to the regulations
- Ensure that the LDP process identifies funding for risks/growth requirements

***During the oral health needs assessment, the PCT should***

- Identify and gather sources of existing data which will support the needs assessment process
- Identify gaps in knowledge and seek support to close these
- Review the current preventive programme against oral health plan
- Review the current provision and understand intentions of general dental practitioners to provide services under the new arrangements
- Review the existing commissioning of specialist dental services in the acute and primary care sector and future plan for enhanced - Dentists with a Special Interest (DwSpl) services

***Following the oral health needs assessment, the PCT should***

- Prepare an action plan following on from the oral health needs assessment
- Consider developing a long term oral health plan that is an integral part of the PCT planning mechanism

## 2.0 Introduction to toolkit

This toolkit has been developed to support PCTs in completing an oral health needs assessment (OHNA) to underpin the implementation of the new contractual arrangements for primary care dentistry and to use the flexibility offered, to improve oral health for their populations.

This toolkit is structured around five steps which are described in turn. The document is not intended to be a prescriptive guide to oral health needs assessment. It provides PCTs with choice and flexibility in deciding how to proceed with oral health needs assessment for their population. It is important that oral health needs assessment becomes integrated into the overall process of needs assessment and service planning within PCTs and does not stand alone.

The toolkit is not intended to provide a guide to the new arrangements or changes to regulations.

### 2.1 Other Resources

More information on the new contractual arrangements can be found on DH and primary care contracting web sites.

#### **Department of Health**

##### *Chief Dental Officer*

The Chief Dental Officer's main page on the Department of Health website covers recent developments in dental policy and oral health initiatives.

[www.dh.gov.uk/cdo](http://www.dh.gov.uk/cdo)

##### *Policy and Guidance*

The policy and guidance section of the dentistry website contains reports, circulars, reviews and publications about dental services

[www.dh.gov.uk/dentistry](http://www.dh.gov.uk/dentistry)

##### *Choosing Better Oral Health*

Acting Chief Dental Officer Barry Cockcroft launched the Oral Health Plan for England on November 15th. Entitled Choosing Better Oral Health, the plan supports the new contracts for dentists in promoting preventive oral care, and will help PCTs to target poor oral health across the country. Included in the plan are a number of measures that PCTs can take to improve the oral health within their communities.

[www.dh.gov.uk/cdo](http://www.dh.gov.uk/cdo)

#### **NHS Primary Care Contracting**

NHS resource providing information on the new primary care contracting arrangements.

[www.primarycarecontracting.nhs.uk](http://www.primarycarecontracting.nhs.uk)

### *Next steps in commissioning and commissioning factsheets*

The Department of Health has published letters to PCTs and SHAs outlining the next steps in local commissioning, as well as a 'ten key steps' diagram setting out supporting materials and legislation for each step. Accompanying the letters are also a series of factsheets .  
[www.primarycarecontracting.nhs.uk/132.php](http://www.primarycarecontracting.nhs.uk/132.php)

### *GDS & PDS Regulations*

GDS and PDS Regulations can be downloaded  
[www.primarycarecontracting.nhs.uk/134.php](http://www.primarycarecontracting.nhs.uk/134.php)

## **2.2 Oral Health Needs Assessment and Dental Services**

`Health needs assessment` is a well-established approach to planning the deployment of resources in our health system. At its simplest, health needs assessment is a pragmatic approach to determining the priorities for a population through a structured process.

Most health needs assessment involves:

- Researching and describing the characteristics of the population
- Identifying their needs
- Measuring the capacity of existing service provision to meet them
- Where gaps exist, identifying new or alternative ways in which needs may be met
- Describing the level of resources needed.

This toolkit attempts to guide PCTs through this process, with a specific focus on oral health and dental services. It is beyond the scope of this toolkit to provide the reader with an introduction to health needs assessment in general. However readers wishing to find out more may find the resources listed in Appendix 1 helpful.

The new contractual arrangements provide flexibility and choice to PCTs around the commissioning of specialist dental services from primary care. The new system also offers flexibility when PCTs consider new service developments and where to place new primary care contracts, should existing dentists decide to opt out of NHS services. The PCT will need to weigh up these choices against its other priorities for dental funding. Oral health needs assessment provides a rational basis for PCTs to evaluate bids for funding and to ensure that these developments are explicitly linked to national targets and local needs.

## **2.3 Structure of the toolkit**

This toolkit is structured around five steps that make up oral health needs assessment. These are set out below. Your PCT may have undertaken one or more of these steps in the past. If this is the case, then it will be helpful to use these data in the planning of the oral health needs assessment and to draw upon the experience of those who were involved.

Toolkit structure:

- Step 1 - Getting started
- Step 2 - Identifying local needs
- Step 3 - Mapping current provision and exploring future provision
- Step 4 - Synthesising data
- Step 5 - Action planning

## 3.0 Step 1: Getting started

In getting the process started it is important that your PCT identifies the right people to lead the process. There are four key roles that need to be undertaken:

- A sponsor for the project - PCT Director or Non- Executive board member
- Internal champions within the PCT – Consultant in Dental Public Health, Primary Care Lead, Clinical Director (SPDCS), Dental Practice Advisor
- External champions within the dental community, LDC / local NHS dentists
- A stakeholder steering group to develop the action plan

### 3.1 Stakeholder Steering Group

It is important that the right people are engaged from the outset:

- Primary care commissioning leads
- Consultant in Dental Public Health
- PEC dental member
- Service user
- Finance lead
- Local authority
- Communications lead
- LPC / local NHS dentist
- PCT dental practice adviser
- Secondary care provider

Each PCT will work differently and have its own approach, but broadly the principles that should apply are:

The OHNA should be integrated with the implementation of the new contractual arrangements for primary dental care. The steering group should ideally have director level input and be 'sponsored' by a member of the PCT Board and/or PEC. The steering group should include 'champions' of the process. There should be representation from a broad range of stakeholders

Identifying the competencies required within the steering group and identifying group members' learning needs (if any) is also an important step. It is likely that initially the group will want to spend some time on the following activities.

### 3.2 Becoming familiar with the concept of Health Needs Assessment (HNA)

- Understanding how a PCT plans the use of its resources
- Developing an understanding of oral health and dental services

- Reviewing what is known about the new contractual framework

There are resources and links to information mentioned above (see appendix 1) to support the steering group with this initial step.

Some PCTs have a history of collaborating or sharing functions across more than one PCT area. The steering group should reflect on the expertise and effort that is required to undertake the oral health needs assessment and consider whether this project would lend itself to a joint approach across more than one PCT. This may be particularly relevant for PCTs that do not have access to a Consultant in Dental Public Health or lack capacity in understanding or analysing public health data.

It is important that the oral health needs assessment and its related action plan is linked to the work within the PCT preparing for the new contractual arrangements. This presents a good opportunity to reinforce awareness of oral health and dental services within the PCT to ensure that the Board and the PEC are familiar with issues.

### **3.3 Communication and marketing**

Communication and marketing of the findings of the oral health needs assessment needs to happen from the outset in order to get the support and trust of the stakeholders involved. By communicating early with those who are likely to be affected by the outcomes of the oral health needs assessment you can identify issues and concerns and develop strategies to successfully overcome these.

The member of your steering group leading on communications will need to help the group to plan a communications strategy. You will also need the support of some of the members during the oral health needs assessment process to gather data or contribute to the planning process. By getting these stakeholders involved at the outset you can improve and speed up the process.

You should be realistic about what is achievable through your oral health needs assessment and its related action plan. Expectations of dentists, the PCT and patients should be carefully managed so as to ensure that expectations are realistic and consideration must be given to the heightened media interest in dentistry at present.

It is important to communicate with all the stakeholders with an interest in the oral health needs assessment and with those who may be asked to participate or who may be affected by its findings. Dentists, contractors and community dentists are a key audience - as are the dental care professionals, dental nurses, hygienists and therapists with whom they work. You may also want to consider how you should communicate with patients and service users at this stage in the process. Launch events held jointly with Local Dental Committees, newsletters and follow-up reports can be effective.

### **3.4      *Communication within the PCT***

Just as communicating with external stakeholders is important, ensuring that the PCT Board and PEC are involved is also crucial. You will need to ensure that your PCT Board and PEC have had an opportunity to learn about the new contractual arrangements, to discuss plans for oral health needs assessment (OHNA) and to approve the action plan for implementation.

## 4.0 *Step 2: Identifying local needs*

To undertake a robust and useful OHNA it is necessary to decide the scope and focus of the assessment early in the process. It should be sufficiently broad so as to identify needs which may not necessarily be linked to dental services, yet sufficiently focused so as to not overwhelm the team with data.

OHNA should not attempt to replicate the health needs assessment that PCTs would routinely undertake to plan for the needs of their population - nor should it be focused exclusively on needs that can be met by existing dental services.

For example, you may decide that you would like to focus on where dental services could:

- Improve access and capacity in primary care
- Prevent inappropriate referrals to secondary care
- Support the effective use of resources in treatments provided
- Improve access to preventive oral health care and oral health promotion
- Provide support and development of Dentists with a Special Interest schemes
- Increase skill mix

Ultimately, the areas in which you decide to focus will be a matter for discussion with your steering group and will reflect local PCT priorities and needs.

### 4.1 *Understanding priorities for your PCT*

In deciding the scope of the OHNA you should review key guidance and reports that shape and influence the priorities for your PCT. Your PCT's priorities will be driven by a combination of national and local delivery plans. Some of these are set out in Appendix 2. These documents will provide you with a framework through which you can review the sources of data that are available to you.

Ensure that you either have the public health skills to complete the oral health needs assessment exercise and/or involve a Consultant in dental Public Health from another PCT or academic unit. Sources of routinely available data, including oral health data are set out in Appendix 3.

The table on pages 12 to 14 sets out the sources of data that PCTs have used in describing their local oral health needs. Using these sources of data requires some familiarity with the way in which the data are collected and prepared in order to understand their limitations. What sources of data you have and how you use them will be a matter for your steering group.

**Table 1: Oral health needs data sources**

<i>Source</i>	<i>Description</i>	<i>How these data may be used</i>
Index of multiple deprivation 2004 Available from: <a href="http://www.odpm.gov.uk/stellent/groups/odpm_urbanpolicy/documents/page/odpm_urbpol_028470.hcsp">http://www.odpm.gov.uk/stellent/groups/odpm_urbanpolicy/documents/page/odpm_urbpol_028470.hcsp</a>	Indices for a range of domains including: <ul style="list-style-type: none"> <li>• Income</li> <li>• Employment</li> <li>• Health Deprivation and Disability</li> <li>• Education, Skills and Training</li> <li>• Barriers to Housing and Services</li> <li>• Crime</li> <li>• Living Environment</li> </ul>	The data set can be used to map dental practices and community dental facilities against the characteristics of the local population to identify where there may be greater need or where services should be prioritised.
Census data Available from: <a href="http://neighbourhood.statistics.gov.uk/">http://neighbourhood.statistics.gov.uk/</a>	The 2001 census gathered key data on the characteristics of the population at that time.	It can be used to map populations with particular needs or characteristics, for example: <ul style="list-style-type: none"> <li>Extent of long term illness</li> <li>General health</li> <li>Unemployment</li> <li>Child poverty</li> <li>Overcrowding</li> </ul>
Health and lifestyle surveys	Many PCTs will have undertaken a survey. This will routinely map the population's health and important risk factors such as: <ul style="list-style-type: none"> <li>Smoking</li> <li>Exercise</li> <li>Alcohol</li> <li>Drug use</li> <li>General health</li> </ul>	Could be used to map against oral health data and map with service provision dental practices and community dental facilities.
Adult Dental Survey <a href="http://www.statistics.gov.uk/ssd/surveys/adult_dental_health_survey.asp">www.statistics.gov.uk/ssd/surveys/adult_dental_health_survey.asp</a>	National Adult Dental Health Survey can be used to understand regional variations and set local OHNA in context	Can be used to make local comparisons if calibrated local survey info or survey responses available

Source	Description	How these data may be used
<p>Child Dental Survey Available from: <a href="http://www.statistics.gov.uk/ssd/surveys/cdhs.asp">www.statistics.gov.uk/ssd/surveys/cdhs.asp</a></p>	<p>National Child Dental Health Survey can be used to understand regional variations and set local OHNA in context</p>	<p>Can be used to make local comparisons with BASCD calibrated local survey data</p>
<p>NHS has commissioned British Association for the Study of Community Dentistry (BASCD) to coordinate a series of epidemiological surveys of caries prevalence in UK children since 1985 / 1986. Reports and tables from these surveys are published annually in Community Dental Health. These reports have been reproduced on the BASCD web-site – <a href="http://www.bascd.org">www.bascd.org</a></p>	<p>Describes caries prevalence and decay experience in 5, 12 and 14 year olds.</p>	<p>Census data can be used to map decay experience and caries prevalence. Can also be useful to map against other disease experience and deprivation indices</p>
<p>Health equity audit</p>	<p>Your PCT may have undertaken a health equity audit, in which you would have mapped a combination of multiple datasets (such as those above) and analysed these on a geographical basis.</p>	<p>Provides a geo-demographic description of the population, its characteristics and health and social status. Identifies gaps between the best and worst localities to help PCTs to target resources to close this gap.</p>
<p>Dental Practice Advisor – practice visit reports</p>	<p>Practice visit reports yield information on environment, access (DDA), health and safety, Workforce, infection control compliance and equipment</p>	<p>Identifies areas of good practice and scope for improvement of facilities/ procedures</p>
<p>Dental reference officer DBP reports</p>	<p>Visit to practice to assess record keeping and treatment planning</p>	<p>Objective external assessment</p>
<p>Secondary Care / Hospital data sets</p>	<p>Secondary Care / Tertiary care – referral to, out patient episodes and admissions</p>	<p>Describes referral patterns and identifies gaps and pressures</p>

Source	Description	How these data may be used
Social care datasets	Some PCTs have access to social care services datasets which provide information about those receiving support at home and vulnerable populations.	Map against access to services and dental practice location and community dental facilities
Reports of overview and scrutiny committees	Where there has been an overview and scrutiny report by the local health committee then data will have been collected to support the analysis and recommendations	These data may be helpful in further describing the needs of the population, particularly access across the health economy.
Dental Practice Board	Tooth Based data on treatments provided in GDS and PDS. Useful proxy indicator of need in absence of local data on adult oral health. Although services are catchment based. Eg. Numbers of adult extractions, perio treatments (not simple scale & polish)	Useful to map patient flows and for historical purposes –tooth-based data will not be collected after 1st April 2006

## 4.2 Practice Visits

Your Dental Practice Advisor will be undertaking practice visits to General Dental Practices. This review of the environment, policies and procedures in place can support performance management of contracts.

Combined sources of data will provide useful information on where there may be links that could be made for example proximity to GMPs etc. Practice visit data collection tools can be enhanced to collect workforce information and will identify gaps and where there are capacity issues in primary care.

## 4.3 Geographical mapping and analysis

Presenting data in geographical format can be helpful in dealing with complex overlapping

sources of data; for example, levels of deprivation, with dental decay indices and local dental practices.

Sophisticated software is not required to undertake mapping - a simple paper map of the local area will help to visualise the data and to support the synthesis steps. Some PCTs will have access to software to undertake mapping. However, if your PCT does not have access to software, a paper-based map can be used to present data.

You should also consider other potential providers who could meet the needs of your population. For example where there is a need for smoking cessation advice then there may be specialist counsellors, nurses and GPs who could also provide this service and the primary dental care team can sign post patients and link with established services.

## **4.4 Information gathering from stakeholders**

There are important stakeholder groups whose views will be important in the development of an OHNA. These are:

- Dentists and dental care professionals
- Patients and the public
- Other health care /education and social services professionals

It is important to consult local dental contractors about their current provision and willingness to provide services under the new arrangements.

There are PCTs who gather data from patients and healthcare professionals directly. Those who do so are advocates for this method and in particular for the involvement of patients in service development. Section 11 of the Health and Social Care Act requires PCTs to involve patients and service users in the design of services. There are many ways in which you can do this and your PCT will have established structures and relationships to do this.

## **4.5 Getting the views of patients and service users**

Before you decide how to get the views of patients and services users for your OHNA, you should first find out if any work has already been done by the PCT in this area. Your Patient Advocacy Liaison Service (PALS) and patient and public involvement team may have access to data previously collected from patients involved in the development of primary care services. They will have routine contact with patient groups where the views of patients can be gathered quickly.

All PCTs routinely survey their population or host patient forums to inform service development. If the timing is right, incorporating questions about dentistry into this routine consultation may provide a quick and effective way to test the views of patients on oral health issues. These questions could be adapted from the national adult surveys so that

local comparisons could be made. Other approaches include self completion surveys specifically undertaken with patients or focus groups of key patient groups to inform OHNA.

## **4.6 *Getting other stakeholders involved***

The views of other healthcare professionals are important where the service development may impact on them or require their co-operation. Other healthcare professionals may also be able to identify specific issues for patients that are related to their work. For example, district nurses may provide insight into the needs of housebound patients who may find it difficult to access dental care.

## **4.7 *Beginning to synthesise unmet needs and priorities***

Before gathering information from your local dentists, you should begin to refine and synthesise the list of unmet dental need that you have identified from the data you have gathered. You should revisit the areas on which you decided to focus your needs assessment earlier in the process.

## **4.8 *Example framework for synthesising unmet needs***

This framework (see Table 2 on the next page) is provided for the data you have gathered. You should adapt this framework to suit your steering group's approach to the OHNA process.

This refined list will help to narrow the focus of your information gathering from dentists which takes place in Step 3. It will also identify where more information is required and where it may be necessary to gather data from other stakeholders if you have not done so already.

## Table 2: Framework for synthesising unmet needs

Source	Indicator	Intervention	Geography	Resources
What is the source that has provided evidence of an unmet need?	Describe the unmet need.	What potential service or intervention is needed to meet the need identified?	What is the extent of the need?  Is it limited or constrained by demographics or geography?	What resources are available to the PCT to address this need? (Headroom or released from devolved budgets?)  Does it fit within any existing programme or priority?  Should this need to be “flagged” within the 2006/07 LDP?  Is there a “risk” to the PCT in 2006/07? Or 07/08? 08/09?
Access Calls to PCT reporting adults and children long waiting times for NHS dental care	Some practices reporting `at capacity` unable to accept new referrals/patients	`Advanced access models` successful in medical practices could be tested and therapists could be employed to introduce and test `skill mix` taking some of the workload from the dentist.	Limit to practices identified as having pressure on access and physical capacity to expand.  They are mostly clustered in deprived wards that border transport routes to town centre.	There are resources released from dentists leaving NHS.  It has also been identified by LDP service redesign project team, however this team has limited resource.  PCR may mitigate.

## 5.0 *Step 3: Mapping current provision and exploring future provision*

By this stage, you will have identified unmet oral health needs using the data sources that are available to you (Step 2). You will thus have identified opportunities for a strategic preventive approach and potential for new dental services (or the extension of existing services) that might be needed locally.

In this section we describe Step 3 in the process.

This step includes:

- Collecting data on current service provision by general dental practices GDS and PDS and other providers such as, secondary care, salaried dental services, corporate bodies and specialist practices.
- Exploring the extent to which local dentists might be prepared to be commissioned to provide the services that you have identified
- Taking into account planned service provision by other providers (e.g. secondary care MOS and restorative, orthodontics and other services such as smoking cessation)

This section sets out key points in mapping current provision of services by Dental providers and explores future provision.

### 5.1 *Exploring current provision of dental services*

The practice visit by the dental practice advisor is the most obvious and established route to dental practices. The individual is often a respected member of local dental networks and can contribute knowledge and empathy on behalf of dental practices.

The practice visit and related audit tool and questioning covers at least four domains:

- Premises and facilities
- Staff and skills
- Current services (basic services + locally-commissioned services)
- Future services
- Practice intentions

PCTs have often developed practice visit data collection tools with more than one purpose in mind, other purposes included:

- A clinical governance baseline assessment
- Workforce development information such as age profile and qualifications
- Information from personal development plans and questionnaires designed to understand the training and development needs of the dental team
- Obtaining/ updating basic practice details

The guidance on dental practice visits ([www.dh.gov.uk/dentistry](http://www.dh.gov.uk/dentistry)) references a minimum dataset that is required. This minimum data set has been developed to focus solely on the information that is required to inform clinical governance, audit and practice visit requirements.

Those PCTs that have conducted enhanced practice visits report that benefits include a more complete data set as well as the opportunity for relationship-building.

Each PCT will make its own decision based on available resources, existing relationships with dentists and the number of practices involved.

## **5.2 *Planning visits to dental practices***

Some PCTs have used members of the Infection Control Team to accompany the Dental Practice Advisor, while others have involved other members of PCT staff, seeing it as an opportunity to enable staff to learn about dental practice.

Timing is important: when making an appointment check what would be the best time to visit. Ensure that requisite time and notice of others attending is given.

## **5.3 *Exploring future provision***

Having identified unmet oral health need the PCT will want to explore how these needs might be met. Primary Care Dental Practitioners will be key providers and the PCT needs a means of identifying:

- Expressions of interest / willingness to provide in principle, and then
- Potential service providers
- PCTs also need to consider potential sites for new practices to open

## **5.4 *Scoping interest and 'willingness in principle' to provide services***

Some PCTs have used a questionnaire to dentists, asking about a list of possible future services. This type of questionnaire will assess individual dentists' willingness to be involved in future services and possibly DwSPi schemes and can also be used to map broad premises/training/equipment needs across a range of potential services.

It is important to ensure that the questions are framed in the context of willingness to provide subject to satisfactory funding. It is also important to seek the views of key decision makers within the corporate body practices, to include future company plans.

## 6.0 Step 4: Synthesising data

Having mapped current provision and explored future provision, the next step will be to draw together the data into meaningful conclusions that you can rely upon about what services the PCT might want to commission and how. You will also want to consider what you have learned from your oral health needs assessment that can be used in planning to protect/improve oral health and plan schemes.

Synthesising the data that you have collected can be challenging because of the volume of information that you may have collected. It is important to be methodical and to take a structured approach in this step. For this reason it is important to have a framework that you can use to look at the data. In this section we set out a framework for synthesising the data that you have collected.

### 6.1 Mapping current services to needs and priorities

This is a key step in the needs assessment and requires consensus to be achieved by the steering group. The priorities that you define will be significantly influenced by the scope that you will have set for yourselves initially.

Earlier in the toolkit we suggested that a potential focus for your work might be:

- Expressions of interest / willingness to provide services, and then
- Potential service providers
- PCTs also need to consider potential sites for new practices to open

Having established and agreed what the needs and priorities are you will need to then map the current service provision to these.

From the examples provided by PCTs that had undertaken a needs assessment we were able to identify some practical approaches to undertaking this mapping exercise. We have described two approaches using the tables set out below. You may prefer one approach over another or you may decide to use both; this a process that lends itself to iteration and consultation. Your steering group should provide feedback to validate this step.

#### 6.11 By identified need or priority

A first starting point would be to draw up a table of what services are currently provided in primary dental care against the needs that have been identified.

Table 3 on the next page is populated with one example. To use the table begin at the left most column by describing the need that you have identified, then populate the second column with details of any current services provided by local dentists, the third column with services provided by other providers. Finally populate the last column with a description of

**Table 3: Mapping current services by need or priority**

<i>Identified Need</i>	<i>Current Service Provided in primary dental care</i>	<i>Services Provided by Others That Address Need</i>	<i>Gap between need and current provision</i>
High levels of dental decay in BME population in XXX locality	One single handed dental practice, No bilingual dentists or dental nurses employed	Interpreters can be booked from PCT service and work with Oral health Promotion team	There is limited provision of services for patients from this minority ethnic group, particularly in their own language

**Table 4: Mapping current services by locality**

<i>Locality</i>	<i>Need Identified</i>	<i>How many dental services in this specific locality</i>	<i>What services are currently provided by dental practices that explicitly meet the identified need</i>	<i>How could dental services meet the needs if not already doing so</i>
XXX adults with chronic limiting illness living here	Access to primary dental care difficult	One single-handed practitioner physical access problems	Limited SPDCS/ CDS domiciliary service	Practice supported by PCT to become DDA compliant Joint CDS input

the gap that exists between the need identified and the current provision.

### **6.12** *By locality*

A second starting point for mapping current provision would be to address areas where deprivation or health inequalities are most significant in your PCT. It is likely that your work in Step 2 will have identified needs and the localities that are most affected.

Table 4 on the previous page is pre-populated with one example. To use the table begin at the left most column by describing the locality, in the second column describe the need(s) that you have identified, the third and fourth column should be used to describe the current service provision. Finally populate the fifth column with a description of the intervention or service that may address this need.

By undertaking a systematic analysis using one or more of the frameworks set out above you will begin to identify where there are gaps in current provision of services or preventive programmes that need to be met in the future.

## **6.2** *Mapping future provision to current gaps – Prioritising development*

You need to then decide how to address any gaps that you might have identified and in what order. Where a gap is identified, it is important to determine whether existing service providers can help address this need or whether other providers would be more appropriate.

The survey of dental services (Step 3) will provide you with data to support this analysis. This will tell you if there is a willingness by dental practitioners to address the identified need. Consideration then also needs to be given as to whether primary care dentists can provide the service and what support is needed for this to happen.

The prioritisation matrix in Table 5 on the next page provides a framework for this. By working through this matrix with your steering group you should be able to prioritise the developments that you want to take forward.

## **6.3** *Establishing a list of priorities and needs*

Once you have prepared your list of priorities it might be useful to ask yourself the following questions before preparing your action plan (Step 5) for example:

- Is there a plan already in place that is tackling this need?
- Does it involve secondary care providers?

## Table 5: Prioritisation matrix

<b>Incidence / prevalence</b>	How common is the problem/need?
<b>Capacity to benefit</b>	Will the proposed service benefit few or many patients?
<b>Inequalities</b>	How does the proposed service address health inequalities?
<b>NHS priorities</b>	Which NHS priorities does the service address, and how?
<b>Time to benefit</b>	Will the proposed service provide a 'quick win' or is there an associated lag time?
<b>Fit with wider PCT work programme</b>	How does the proposed service fit with overall priorities within the PCT?
<b>Effectiveness; cost-effectiveness; VFM</b>	What is the evidence to support service provision by different providers?
<b>Risk assessment</b>	What is the risk to the PCT associated with not proceeding with the service?

## 7.0 *Step 5: Action planning*

By this stage you will have identified where there are unmet oral health needs, the current and future capacity of the primary dental care network and a prioritised list of service developments or interventions that will address these unmet needs. Your needs assessment is nearing its conclusion and all that remains is to document your action plan before beginning to implement the changes that you are proposing.

Having started this oral health needs assessment process with the approval of your Board and/or PEC you will now need to complete the cycle by returning to them with your plan for action.

### 7.1 *Action Plan*

You should now prepare an action plan that clearly sets out what you plan to achieve and by when, the contingencies and dependencies that may exist and the level of resources required to deliver.

The prioritisation matrix set out in Step 4 will provide you with the evidence and supporting information to back up your action plan.

Your action plan should clearly set out:

- The needs that you have identified
- How these fit within the wider PCT priorities and planning
- What development you are proposing the PCT undertakes to address need
- The risks and resources associated with each development
- Who will lead on the work
- Milestones and indicators of success

### 7.2 *Communication*

In Step 1 you will have ensured that local stakeholders and local dentists in particular were made aware of the oral health needs assessment process. Now that you have your action plan you will need to communicate this to the full range of stakeholders to secure their support for the PCTs plans.

### 7.3 *Developing an oral health strategy*

You may decide that you want to take this opportunity to write an oral health strategy for your PCT to link with the LDP. Having just completed a needs assessment this is an ideal

time to do this.

The key steps for scoping, writing and implementing an oral health strategy are for an appointed implementation lead to:

- Understand national NHS and local priorities. (Oral Health Plan published in November, 2005 and current NHS reform programme).
- Understand the big picture for dentistry (New arrangements and opportunities).
- Perform a needs assessment to inform the strategy and engage key stakeholders.
- Consider the workforce development issues both within the PCT to support such a strategy (dentists and dental care professionals)
- Write the strategy.
- Seek endorsement of the strategy by the PCT and all local stakeholders.
- Begin to implement the strategy.
- Regularly review progress with strategy implementation.

A comprehensive oral health strategy:

- is based on a needs assessment.
- has involved the public.
- has buy-in and endorsement from all key stakeholders.
- contains a realistic action plan with timed milestones for delivery.
- links to wider PCT policy and priorities such as the LDP.
- describes the long term vision for oral health.
- is preventive-led
- involves a review of primary dental care services to assess how they can contribute towards meeting identified need
- considers the role other healthcare/education/social services professionals may play in protecting and improving oral health

Consideration of the need for the following special services is required:

- Orthodontics
- Minor Oral Surgery
- Restorative
- Endodontics

Domiciliary and sedation services will require review and consideration. These services can be supply / demand driven and historic levels of care may not reflect need.

For further reading/resources see:

- Implementing a Scheme for Dentists with Special interests Gateway Reference 2788 ([www.dh.gov.uk/dentistry](http://www.dh.gov.uk/dentistry))
- Guidance on commissioning specialist dental services ([www.primarycarecontracting.nhs.uk/132.php](http://www.primarycarecontracting.nhs.uk/132.php))

# Appendix 1: Health needs assessment and oral health data sources further reading

## Health needs assessments

### Health needs assessment: A practical guide

[www.publichealth.nice.org.uk/download.aspx?o=513203](http://www.publichealth.nice.org.uk/download.aspx?o=513203)

Health needs assessment (HNA) is a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities.

The purpose of this guide is to provide practical assistance to everyone engaged in undertaking HNA, including strategic managers at regional and local levels, facilitators, and practitioners in primary care trusts, local government and the voluntary and community sectors.

## Oral Health Data sources

### British Association for the Study of Community Dentistry

[www.bcasd.org](http://www.bcasd.org)

In conjunction with the National Health Service, the British Association for the Study of Community Dentistry has been coordinating a series of epidemiological surveys of caries prevalence in UK children since 1985 / 1986. Reports and tables from these surveys are published annually in Community Dental Health. These reports have been reproduced on the BASCD web-site – [www.bascd.org](http://www.bascd.org)

Also available are programmes and minutes of BASCD meetings and conferences and the following documents available from the information section of the web site:

- Measuring oral quality of life ([www.bascd.org/viewdocpool.php?id=26](http://www.bascd.org/viewdocpool.php?id=26))
- Measuring oral quality of life ([www.bascd.org/viewdocpool.php?id=27](http://www.bascd.org/viewdocpool.php?id=27))
- Ensuring the quality of data ([www.bascd.org/viewdocpool.php?id=28](http://www.bascd.org/viewdocpool.php?id=28))

## National Statistics

### Adult Dental Health Survey

[www.statistics.gov.uk/ssd/surveys/adult\\_dental\\_health\\_survey.asp](http://www.statistics.gov.uk/ssd/surveys/adult_dental_health_survey.asp)

### Children's Dental Health Survey

[www.statistics.gov.uk/ssd/surveys/cdhs.asp](http://www.statistics.gov.uk/ssd/surveys/cdhs.asp)

2003 Dental Health Survey of Children and Young People

## Service data sources

### Dental Practice Board

[www.dpb.nhs.uk](http://www.dpb.nhs.uk)

The DPB is the statutory body that administers the General Dental Services of the National Health Service (NHS) and is accountable to the Department of Health and National Assembly for Wales.

It is their responsibility to pay dentists promptly and accurately for treatment provided under the NHS in England and Wales. They also approve more complex treatment for NHS dental patients, monitor the quality of NHS dental treatment provided and carry out regular checks in order to detect and prevent abuse of the service. In addition, they provide information on NHS dentistry to dentists, academics, civil servants and others engaged in research and/or the management of NHS provision.

# Appendix 2: Priority-setting documents

## National documents

### **National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005/2006 - 2007/2008**

[www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/PlanningFramework/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/PlanningFramework/fs/en)

### **PCT performance indicators**

[www.healthcarecommission.org.uk/InformationForServiceProviders/PerformanceRatings/fs/en](http://www.healthcarecommission.org.uk/InformationForServiceProviders/PerformanceRatings/fs/en)

### **Patient satisfaction survey**

[www.healthcarecommission.org.uk/InformationForServiceProviders/NHSSurveys/Staff/fs/en?CONTENT\\_ID=4001420&chk=gM3Fzh](http://www.healthcarecommission.org.uk/InformationForServiceProviders/NHSSurveys/Staff/fs/en?CONTENT_ID=4001420&chk=gM3Fzh)

## Local

All PCTs will have the following documents:

- Latest local delivery plan (LDP)

The following local documents may also be available:

- Strategic Service Delivery Plan (SSDP)
- Overview and Scrutiny Committee reports
- Annual report of the Director of Public health
- Existing health needs assessment
- Analysis of PCT performance against priorities and targets

## Appendix 3: Routinely available data sources

### National datasets

You should seek to minimise data collection where possible by making use of routinely available sources of data. All PCTs will routinely review and analyse national datasets that describe their local population.

These data will typically be available through the PCTs public health department and the Local Authority's information department.

These datasets include:

#### **Index of Multiple Deprivation (2004)**

[http://www.odpm.gov.uk/stellent/groups/odpm\\_urbanpolicy/documents/page/odpm\\_urbanpolicy\\_028470.hcsp](http://www.odpm.gov.uk/stellent/groups/odpm_urbanpolicy/documents/page/odpm_urbanpolicy_028470.hcsp)

#### **Census data (2001)**

<http://neighbourhood.statistics.gov.uk/>

How these data are used and presented locally will depend on how your PCT works. All will use these data together with locally collected data on performance and capacity to develop the local delivery plan (LDP). You should ensure that your steering group has adequate expertise and support from those who are familiar with these sources of data and what already exists.

## Oral Health Data sources

### National Statistics

#### **British Association for the Study of Community Dentistry**

[www.bascd.org](http://www.bascd.org)

In conjunction with the National Health Service, the British Association for the Study of Community Dentistry has been coordinating a series of epidemiological surveys of caries prevalence in UK children since 1985 / 1986. Reports and tables from these surveys are published annually in Community Dental Health. These reports have been reproduced on the BASCD website.

### Adult and Child Dental Health Surveys

#### **Adult Dental Health Survey**

[www.statistics.gov.uk/ssd/surveys/adult\\_dental\\_health\\_survey.asp](http://www.statistics.gov.uk/ssd/surveys/adult_dental_health_survey.asp)

The 1998 Adult Dental Health Survey was commissioned by the four UK Health Departments. It is the fourth in a series of national dental surveys that have been carried out every ten years since 1968

### **Children's Dental Health Survey**

[www.statistics.gov.uk/ssd/surveys/cdhs.asp](http://www.statistics.gov.uk/ssd/surveys/cdhs.asp)

The 2003 Dental Health Survey of Children and Young People is the fourth in a series of national dental surveys carried out every ten years since 1973. The survey will provide information on the dental health of children in the United Kingdom, will measure changes in oral health since the last survey in 1993 and will provide information on children's experiences of dental care and treatment and their oral hygiene.

2003 Dental Health Survey of Children and Young People

## **Service data sources**

### **National**

#### **Dental Practice Board**

[www.dpb.nhs.uk](http://www.dpb.nhs.uk)

KC64 data set on Salaried Primary Dental Care Services

### **Local**

- Secondary Care / Tertiary care – referral patterns, out patient episodes and admissions
- Dental Practice Advisor – practice visit reports, workforce information, Infection control audits and environment assessment
- Dental Reference Officer (DRO) reports on treatment planning and record keeping
- OoH attendance information
- Local patient satisfaction surveys and reports.

*For further primary care resources, visit:  
[www.primarycarecontracting.nhs.uk](http://www.primarycarecontracting.nhs.uk)*