

“Putting the mouth back in the body” for Greater Manchester

2017- 2021



‘Dentistry’s contribution to the fastest and greatest improvement in
the Health & Wellbeing of the population of GM’

Greater Manchester

Health and Social Care Partnership

FOREWORD

The vision for Greater Manchester (GM) is to ensure the greatest and fastest possible improvement to the health and wellbeing of the 2.8 million citizens. This document highlights how dental teams can contribute towards improving the quality of life, wellbeing and economic prosperity of Greater Manchester population, in line with the overarching GM strategy “Taking Charge of Health and Social Care in Greater Manchester”.

Oral health is an important part of general health and wellbeing. A healthy mouth enables us to communicate, eat and enjoy a variety of foods, socialise, attend school or work, and contributes to self-esteem, confidence and readiness to learn. There is also increasing evidence that good oral health can positively affect employment opportunities, through increasing social acceptance, confidence and self-esteem.

Poor oral health causes pain, distress and sleepless nights. It can also worsen long-term conditions such as diabetes and glaucoma, and can contribute towards malnutrition, poor hydration, and aspiration pneumonia in older adults. Dental practitioners have a key role in supporting behaviour change around the common risk factors which impact on both oral and general health; poor diet, smoking and alcohol. We know that we can make a greater impact on the wellbeing of individuals and communities across GM, through the integration and transformation of dental care within the wider public sector offer under devolution.

The challenge is to engage communities to value good oral health, understand how they can maintain and protect oral health and contribute to the design and utilisation of more responsive, effective dental services within the devolution framework. Primary care general dental practitioners will play an essential part in delivering the transformation required. This document describes how we aim to drive improvement in outcomes, in line with the GM transformation themes and national priorities. We have included evidence of work that has already been delivered and also new programmes being prepared for release.

Mohsan Ahmad,
Interim Chair,
GM Local Dental Network

Background and the Case for Change

Although oral health has improved in recent decades, disease experience and access to services is variable across Greater Manchester with stark inequalities often driven by poverty.

In GM, we spend around £200 million per year on providing all clinical dental care for the population. A significant proportion of this spend is focused on treating the largely preventable diseases of decay and periodontal disease. We know that those in greatest need often have the poorest access with the affluent and the well in some areas taking up disproportionate resource in over frequent check-ups and orthodontic services. By assessing the oral health risk of patients, dental practices could adjust recall periods where clinically appropriate. This could create appointments for patients with greater need and poor access, who will require more frequent attendance to transition to being dentally fit.

Although some may think “*it is only teeth*”, the dental and oral health experience is a barometer of poor hygiene, poor and sugar rich diet and unhealthy lifestyle choices that impact on school readiness and absenteeism, employability and sickness rates, obesity, self-esteem and well-being. Moreover, poor dental health is an early warning of long term conditions. Periodontal disease severity and progression is one of the early signs of undiagnosed diabetes. Untreated periodontal disease effects diabetes control¹ and is also associated with increased risk of CVD reflecting impact of common risk factors. Similarly, recent studies indicate association of oral health with glaucoma². Dental specialisms also regularly contribute directly to multi-disciplinary patient pathways, for example sleep apnoea.

It is vital therefore, that dental services are not considered in isolation, but there is acknowledgement and recognition of the significant contribution made to wider health and well-being.

The commissioning of all NHS Dental services became the responsibility of NHS England on 1st April 2013. Despite national discussions around delegation of commissioning arrangements, similar to those for primary medical care services, regulations within the NHS Act 2012 have prohibited this development nationally. Notwithstanding this legal position, the internal delegation arrangements of NHS England to enable devolution arrangements for Greater Manchester include dental commissioning responsibilities, which are discharged by the dental commissioning team of the Partnership.

¹ Grossi et al 1994

² *Ophthalmology*. 2016;123:2318-2327. doi: 10.1016/j.ophtha.2016.07.014. Epub 2016 Aug 20.

The commissioning of Dentistry covers the full pathway of treatment and care that includes the commissioning, contracting and service development for primary, community and specialist / secondary dental care services, in addition to dental urgent care services. The commissioning responsibilities are delivered at a Greater Manchester level, seeking to ensure responsiveness and accountability within localities and neighbourhoods for the local population.

Dental care is not a single specialty, in addition to general primary care services, commissioned services also provide care across:

- Oral surgery and Oral and Maxillofacial surgery
- Orthodontics
- Paediatric dentistry
- Special care dentistry
- Oral medicine
- Restorative dentistry, including endodontics, periodontics and prosthodontics
- Several supporting specialties, including dental and maxillofacial radiology, oral and maxillofacial pathology and oral microbiology.

The specialty of dental public health supports commissioning and redesign of clinical dental services, as well as providing specialist advice and support to Local Authorities in the delivery of their statutory responsibility to improve the oral health of their populations.

Approximately 38% of people use private dentistry (according to GP Patient Survey results January 2016) – some driven by choice, others by poor access experience and culture of symptomatic attendance. Access to NHS dentistry remains at around 61% of the population.

Transformation of all clinical dental services, including but not limited to, primary dental care, is taking place with the oversight of the Dental System Leadership Group (DSLGL). The aim is to use system leadership to foster vertical and horizontal integration between dental specialties and other professional groups, following a care pathway model. This brings together the GM dental commissioning team and key partners from across the dental and oral health landscape, with representation from; general dental practice, consultants and specialists working in community, hospital, and public health, academics, and local authority oral health improvement commissioners. This document builds on work already delivered through the Dental Local Professional Network (LPN) for Greater Manchester and includes details of various work streams already identified for 2017/18.

The dental contribution to delivering “Taking Charge”

Poor dental health impacts on many aspects of health, and for Greater Manchester almost 40% of young children are affected by decay by the time they reach school

age. In addition over a fifth of GM adults have dental decay, urgent dental conditions and/or infection and a third will experience dental pain in a 12 month period impacting on productivity and wellbeing. These factors impact on both quality of health and cost to both individuals and to society.

It is imperative that dental services complement and support oral health improvement programmes for the population. Delivering better oral health: an evidence based toolkit for prevention³ gives clear indications of the advice to be given and actions clinical teams should take. The transformation outlined in Commissioning for Reform will not be achieved through incremental change or by localities within Greater Manchester acting independently.⁴ Therefore, all stakeholders must work together to deliver the transformation required.

The challenge for Greater Manchester is to engage communities to value good oral health, understand how they can maintain and protect oral health and contribute to the design and utilisation of more responsive, effective dental services within the devolution framework.

The transformation themes, as described in the strategic plan for Greater Manchester are outlined in the figure below:



This document presents the opportunities and contributions from dentistry supporting the delivery of these themes for Taking Charge, and the Population Health Plan for Greater Manchester.

³ Public Health England (2014). Delivering better oral health: an evidence based toolkit for prevention. Third edition. Available at www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention

⁴ Commissioning for Reform - GMHSCP

Taking Charge Strategic Themes

Theme 1 - Radical Upgrade in population health prevention

In addition to community programmes, the potential role of primary dental care in preventing dental disease, and particularly tooth decay in children, is recognised. 'Delivering Better oral health – a toolkit for primary dental care'⁵ clearly sets out evidence based prevention for delivery in the primary dental care team.

As part of the Greater Manchester strategic approach, already established programmes of oral health improvement work between dental practices, local Early Years settings (EYS) and children's centres will be strengthened and extended.

Healthy Living Dentistry

The Healthy Living Dentistry (HLD) project is focused on improving the health and wellbeing of the local population by helping to reduce health inequalities. The concept of the HLD is the commitment to delivering health and wellbeing advice to a consistently high standard.

Included within the framework will be the commitment to deliver the health promotion lifestyle campaigns, such as stop smoking, alcohol awareness and diet together with oral screening and oral health assessments including fluoride varnish. An additional key strategic contribution of the programme will be the offer to newly diagnosed cancer patients and dementia patients of oral health assessment and appropriate continuing care to address their treatment needs.

Theme 2 - Transforming community based care and support

The rapidly changing environment of healthcare provision under devolution presents challenges in every sector. The emerging Local Care Organisations (LCOs) seek to address population need, reducing local variation by delivering a sustainable model of care for the future.

Dentistry needs to be able to align with this model, responding to local population need and providing access to the specialist care pathways as required.

Unlike general medical practices, general dental services are not restricted to identified boundaries of patient residences (a patient may access services anywhere in the country). However, the general dental community has clearly expressed their

⁵ <https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention>

commitment to supporting access for the local population where possible, and will continue to engage with colleagues to develop services accordingly.

Buddy Practice Schemes

The Buddy Practice Scheme is currently operating in a number of localities in GM, and will be rolled out to all localities in 2017. This involves General Dental Practices working with Oral Health Improvement teams and local schools and nurseries, school nurses and safeguarding teams. It has increased access, identified unmet need and delivered significantly improved outcomes for a number of vulnerable children. The scheme will be replicated across GM to improve the chances of every child. By buddying up with nurseries and schools Dental practices are able to identify vulnerable children and give appropriate advice to parents/carers as early as possible. With the offer of dental practice attendance, to those that currently don't access dental services thus reducing pressures on unscheduled/emergency care appointments.

Theme 3 - Standardising acute and specialist care

Specialist Dental Care

Although there has been some progress in improving oral health and access to services in general. Inequality in oral health experience and inequity in access to primary and specialist care exists.

The strategic review of Special Care Dentistry and Paediatric Dentistry services will seek to better meet the needs of the most vulnerable patient groups who are unable to access dental care without additional skill, competence and equipment. The opportunity to transform dentistry by integrating across health and social care and primary and secondary care for this patient group will significantly improve experience of patients and carers, and result in better outcomes as a result of greater co-ordination and timely prevention.

Consistent high quality care

Certain dental specialties require specialist facilities within the hospital environment, such as direct access to emergency departments. However, many aspects of specialist dental care can be delivered from appropriate community facilities. To facilitate this plurality of provision, managed clinical networks have been developed for the following specialties:

- Oral surgery
- Orthodontics
- Paediatric dentistry
- Special care dentistry
- Restorative dentistry

The development of Managed Clinical Networks (MCN)⁶ for each of the specialist dental pathways has established infrastructure and approach for the delivery of single service models across the multiple providers of these services, providing care within the specialty pathway regardless of setting or organisation to deliver consistent, high quality care across Greater Manchester. Under these arrangements all providers of these services will work together to deliver to a single specification, managing referrals and waiting times to avoid inequity of provision.

The Managed Clinical Networks will focus on delivery of specialist care pathways; however, the gateway to specialist care relies on access to efficient and effective primary dental care services. Whilst there has been some improvement in general access over the past few years, we need to ensure that we continue to meet the need and continue to commission primary care services appropriate to the needs of our Greater Manchester population.

This will mean making effective use of available resources by challenging primary care providers to deliver care to those who need it most and by adopting appropriate recall intervals for those who can be seen less frequently, freeing capacity for access for new patients. Achieving improvements in access to primary care will widen access to specialist care for those need it.

Specialist Orthodontic services

In 2017 we will build on our previous achievement to reduce the long waiting times for orthodontic services by managing demand and waiting times and further improve quality and efficiency of service delivery by carrying out another needs assessment and procuring services based on patient need.

Through clinical engagement, clear commissioning intentions, referral management and robust performance management, the orthodontic services across Greater Manchester specialist primary care services achieved:

1. Increased assurance of quality and value
2. Waiting time ranges for assessments decreased significantly from average of 755 days to 178 days.
3. Improved ratio of case assessments to treatment commencement, reducing unnecessary assessment reviews.
4. Reduction of case abandonments, resulting in improved treatment outcomes
5. Increased efficiency means that increased orthodontic capacity is available within the existing established contractual resource.

⁶ NHS England, Introductory Guide for Commissioning Dental Specialities, 29.9.2015

Theme 5 - Enabling Better Care

Workforce

The Nuffield Report (1993) and *Modernising NHS Dentistry* (2000) emphasised the potential for developing the dental team, recommending a flexible workforce and the expansion of the scope of practice for the Dental Care Professionals (DCPs). Following the Nuffield report there were constitutional changes to the Dentist Act and a mandate for Qualified Dental Nurses to register with the General Dental Council. This mandate set out clear roles and responsibilities that are detailed in a scope of practice for the DCP. The key to success will be determined by the effective engagement of the dental team and the effective use of skill mix.

It is necessary to ensure that the developing workforce profile address the changing profile of the population need. Specialist dental training posts are commissioned by Health Education England (HEE). Under the established Memorandum of Understanding between the Partnership and HEE, the determination of these training posts will, where possible be directed to meet the needs of our population. Significantly this will address needs in Special Care Dentistry and Paediatric Dentistry. However, there is also recognition of established deficit in capacity for Restorative Dentistry.

IT and infrastructure

Greater Manchester has developed an electronic referral management system for managing dental referrals. This has been recognised at a national level as being best practice, and NHS England has recommended the approach within the national commissioning guides for specialist dental services. We are continuing to develop electronic referral arrangements through the MCNs, and plan to gather feedback from service users. Practices are encouraged to use this system rather than using paper referral to ensure that the service is streamlined and consistent. The cost of postage from a practice for referrals would be similar to the cost of monthly broadband. It may be possible to allow GPs to use this in the future, rather than them writing directly to hospitals or colleagues they know in the hospital.

This system enables rapid transfer of referrals from practices to triage and specialist provider. Referring practices, and patients, are able to track referrals through the system. In addition to providing rich levels of business intelligence, volumes and referring patterns, the system also enables demand management in response to system pressures and priorities.

Integrated Summary Care Records (SCR) provides the opportunity to work with other disciplines to use and develop existing services. They ensure care in all settings is safer, by sharing data such as current medication and long term conditions, which can be accessed instantly. Unfortunately, dental services are not currently part of the national programme for SCR roll-out. However, with the support

of NHS Digital, and FDS Consultants who deliver the Referral Management services, Greater Manchester are undertaking pilot arrangements for access to Summary Care Record by providers of specialist dental services in primary care.

Estates

Strategic Estates Groups across Greater Manchester are considering how to address the challenge of public sector accommodation requirements and utilisation of existing facilities. Many of the NHS premises across Greater Manchester include specialist dental facilities. The utilisation levels of these facilities would appear to vary significantly there may be significant opportunities associated with reviewing service configurations. A strategic review of these dental premises is being undertaken to understand current position together with cost and service opportunities. This work programme shall report to the Strategic Estates Board.

The review of salaried special care services and urgent dental care services provides the opportunity to consider accommodation utilisation. Similarly, there is opportunity to consider relocation of secondary care outpatient appointments where appropriate.

Population Health Plan strategic framework

The Greater Manchester Population Health Plan identifies improving oral health as a key objective within the Early Years model. Oral Health is a key determinant of health and wellbeing, and as such aligns dental care developments directly to shared strategic priority areas for the local population.

Meeting social determinants and need

Poor oral health can result in individuals experiencing dental pain, infection, and embarrassment with the appearance of their teeth. This impacts on self-esteem and wellbeing and contributes to the challenges some adults face in obtaining and sustaining employment. The Working Well Project is a joint project with Greater Manchester Local Authorities, Public Health England and Public Service Reform to try and address the wider determinants of ill-health and the causes of people not working.

GM dentistry is piloting the impact of integrated primary dental care offer to working well clients with some success. Receiving dental treatment to help keep your mouth, teeth and gums healthy improves self-esteem and appears to stimulate individuals to access other health services, and improve employment and life chances of individuals.

Integrating dentistry into the strategic planning within other such projects could significantly contribute to the overall objective of meeting the significant challenges of unemployment and public sector reform.

Person and Community Centred Approaches

Community Engagement

Hard to reach, vulnerable groups, including dependent older people, often have difficulties accessing traditional dental services. By partnering with community organisations that serve these groups, collaborative services and new opportunities for access can be offered. An example of this approach is the Buddy Practice scheme referred to above, whereby dental practices partner with early years settings, or care establishments.

Start Well

Almost 40% of young children in GM are affected by decay by the time they reach school age. Oral health improvement relies upon successful self-care regimes. Those individuals and families who may have challenging and potentially chaotic lifestyles are more likely to suffer poor oral health, not to regularly present for dental checks but use services when they experience pain and/or infection.

It is therefore reasonable to expect this situation to result in these families requiring urgent dental care and treatment. Therefore, easy access to these services is required. There are opportunities for greater integration of dentistry with other services across the health and wellbeing sector to address concerns, reduce risks and present consistent self-care and prevention messages to benefit families and reduce stress.

Keeping young children free of dental decay is a priority. One challenge is to ensure that parents and carers understand the importance of reducing the frequency and amount of sugar in children's food and drinks and the importance of supervised tooth brushing with fluoride toothpaste, particularly before bedtime. This will require joint working with 'a coalition of willing partners' to make it happen for every child.

There is a need to ensure no child in GM is without a family dentist who can deliver preventive advice, intervention and treatment. In order to seek to achieve this ambition, a programme to promote dental checks by the age of 1 year is being developed, working with health visitors to actively encourage parents to take their young child to a dentist so that one to one preventive care and advice may be given.

Baby Teeth DO Matter

Building on this national guidance, the 'Baby Teeth DO Matter' programme, developed by the Greater Manchester Local Dental Network, promotes early dental attendance amongst young children as well as improving the delivery of preventive care and advice as well as the treatment of dental decay.

A refresh/Phase III is currently being developed using the learning from the previous successful programmes, to ensure the care and advice given is more consistent and reduces inequalities in all localities different in GM, in addition to targeted focus in the four identified areas that have the worst oral health (Bolton, Salford, Rochdale and Oldham) The aim being to close the gap between current Greater Manchester oral health outcomes of Decayed, Missing & Filled Teeth (DMFT) and the national average of DMFT in 5 year olds.

Live Well

Over a fifth of GM adults have dental decay, urgent dental conditions and/or infection and a third will experience dental pain in a 12-month period impacting on productivity and wellbeing.

In addition to the generic impact of managing dental problems, there is a growing body of evidence suggesting that periodontal therapy can improve glycaemic control. Therefore, dental care has a direct contribution to make to one of our greatest areas of long-term conditions, namely diabetes.

Diabetes and Periodontal disease have several things in common. Both are long-term conditions, which depend upon behaviour change from the patient to stabilise the disease and prevent further deterioration. In this regard the approach to education and behaviour change strategies are very similar when managing the two diseases.

One complication of uncontrolled or undiagnosed diabetes is Periodontal Disease, namely Chronic Periodontitis. This is the destruction of the bone and tissues that support the teeth in the mouth, eventually resulting in tooth mobility and tooth loss. A number of studies have demonstrated increased bone destruction resulting in earlier tooth loss in uncontrolled diabetic patients. What is understood is that achieving diabetic control and stabilising periodontal disease are interdependent. Therefore, it is imperative that there are close links between specialist diabetic care and access to dental care.

Healthy Gums DO Matter

Our Healthy Gums DO Matter project (HGDM)⁷ is a primary care clinician-led project which aims to improve the quality of periodontal treatment in primary dental care. The project was initiated in September 2014 and has resulted in the production of a “Practitioner’s Toolkit” which outlines a staged, care pathway approach for the management of periodontal disease (Greater Manchester Local Dental Network 2014). The Toolkit was developed by the periodontal sub-group of clinicians and Dental Commissioner who are part of the Greater Manchester Local Dental Network working alongside Consultants in both Dental Public Health and Periodontology.

The evaluation of patient outcomes from the pilot practices has shown encouraging results, with positive changes reported in patient self-care behaviour. Improvements have been observed in clinical measures, with an overall increase in periodontal health. The Toolkit and care pathways were valued by practitioners as an achievable way of implementing existing evidence-based best practice.

⁷ Healthy Gums DO Matter, Evaluation Report of Greater Manchester LDN Quality Improvement Project, April 2016.

The project has received widespread interest both inside GM and National accreditation. The project, which was one of the first developed by the GM Dental LPN, has shown what can be achieved when general practitioners, specialist practitioners, dental commissioners and specialists in dental public health work in true collaboration to improve services for patients⁸.

Age Well

Greater Manchester is leading the way in its efforts to promote healthy ageing, creating a vision for a society where older age is seen positively and people in later life are empowered to secure a healthy future and good quality of life for themselves.

Oral health has improved over recent years and hence the older members of our population are expected to maintain their natural dentition into old age, and the proportion of older adults with complete dentures is decreasing. However, older people may not be able to easily access routine dental services due to functional limitations, transport difficulties and multiple long-term conditions such as dementia

Supporting independence into old age is a key priority for the integrated health and social care agenda, ensuring wellbeing for our aging population. Providing appropriate dental care for this patient group presents a direct challenge to dental services as more keep their own teeth often with significantly restorations that can lead to complex treatment for a dependent person such as domiciliary requirements of those who may be infirm and housebound.

Dementia friendly toolkit

The concept is to improve the general experience of attending the dental practice for those living with dementia and their carers.

In addition, the toolkit aims to provide guidance to primary care clinicians around planning dental care for people living with dementia. Careful planning of dental treatment and prevention whilst the patient is in the earlier stages of dementia is important. As the patient is still able to tolerate dental treatment, this will reduce the risk of acute and more complex dental problems developing during the later stages. In later stages the primary care clinician may be involved in a shared care arrangement with a specialist service, or required to respond to an urgent dental care need.

⁸ *Securing Excellence in Commissioning NHS Dental Services, NHS Commissioning 2013*

Older Peoples Dental Project

Dental care pathways for older people must span the whole 'patient journey'; supporting good daily mouth care, enabling patients to benefit from prevention and early detection, and ensuring timely access to clinical care where required. Therefore, work is in development to explore a care delivery model which links general dental practices with adult social care providers to improve daily home care, increase access to evidence-based daily prevention and facilitate timely access to general and specialist dental care where necessary.

System Reform

Oral Health Network

An Oral Health Network has been established across the GM Local Authorities which links to dental commissioning, and will be linking in at a locality level supporting coordination of local dental services interfacing with population based oral health improvement.

Dental System Leadership

The complexities of Greater Manchester are reflected across the dental community, with successful delivery relying upon multiple organisations and networks. The Dental LPN provides clinical leadership and development, working with the GM Dental Advisory Group and MCNs. Development and supply of the dental workforce is reliant upon HEE and the local universities. Oral health improvement responsibilities lie with local authorities. Clinical care is clearly only able to be delivered by providers.

Informal networks and strong relationships have done much to support this complex environment.

However, in order to provide a more co-ordinated approach for the Greater Manchester Partnership, a Dental System Leadership Group has been established. This Group will provide overarching system leadership for dentistry and oral health improvement, seeking a unified voice for dental care in Greater Manchester, aligning strategic vision and priorities in order to transform and deliver dentistry to benefit the health and well-being of our population.

Appendix 1

Implementation plan for Dentistry's contribution to the Greater Manchester Strategic Plan

The following describes the Greater Manchester Dentistry Local Professional Network (LPN) implementation plan in response to the Greater Manchester Strategic Plan to enable Dentistry to meet the requirements of the population.

All of the goals and objectives are aligned to meet the ultimate vision of improved oral health across Greater Manchester, and aim to achieve the following Greater Manchester Primary Care Standards for Dentistry:

1. Improving access to general dental services
2. Improving cancer survival rates and earlier diagnosis
3. Ensuring a proactive approach to health improvement and early detection
4. Improving outcomes for people with long-term conditions
5. Improving outcomes in childhood oral health
6. Proactive disease management to improve outcomes

To support the delivery of the plan, the dental LPN has developed the following networks and the following shows the work plan and how it links with the Transformation Themes:

Transformation Theme	Developments	Outcomes	Action
Population health and prevention & Transforming Care in Localities	Healthy Living Dentistry Framework Early Years Interventions and Baby Teeth DO Matter programme	Integration of Dentistry within the health and wellbeing agenda to improve population access to education and self-care. Improve oral health of under-5 year olds.	Roll out and implementation by September 2017 Roll out schemes across GM by March 2018.
Transforming Care in Localities	Improving Quality Toolkits: <ul style="list-style-type: none"> • Dementia Friendly Practices Toolkit • Healthy Gums DO Matter • Antimicrobial Resistance (AMR) toolkit 	Improved quality, patient experience and clinical outcomes	Roll-out and implementation of toolkits
Transforming Care in Localities	Improving Access	Improved patient experience of	Performance management and

	Buddy Practices Scheme (Schools and Early Years)	accessing NHS dental services. Dental engagement with local community and improving access (specifically to under 5 year olds)	peer review Community engagement supported by Oral Health Network.
Transforming care in localities	Older Peoples Dental Care project	Improve care for older people and those who are unable to access services in a primary care setting	Population needs assessment and stock take of current domiciliary services provision, to identify practices and funding to develop treatment pathways for complex care of older and vulnerable patients.
Standardising Acute Hospital Care	Managed Clinical Networks for: <ul style="list-style-type: none"> • Paediatric Dentistry • Special Care Dentistry • Orthodontics • Oral Surgery • Restorative Dentistry 	Establish a single service delivery model across the multiple providers of these services, providing care within the specialty pathway regardless of setting, or organisation, to deliver consistent, high quality care for the population of GM	Continued engagement with all Providers of specialist dental pathways, and implement action plans by end of March 2018
Transforming Care in Localities	Urgent Care Review Trauma Guidelines	Ensure equitable, effective access to urgent dental care Best clinical practice	Commissioning procurement
Standardising Acute Hospital Care	Children's Dental General Anaesthetic Services	Reduce waiting lists and capacity plan for future service delivery	Action Plan in place
Enabling Better Care	Medical Histories DO Matter	Standardisation of clinical records	Roll-out and implementation
Enabling Better Care	Summary Care Record pilot	Improved patient safety and clinical practice	Pilot delivery and review with Referral Management, GMSS and HSCIS