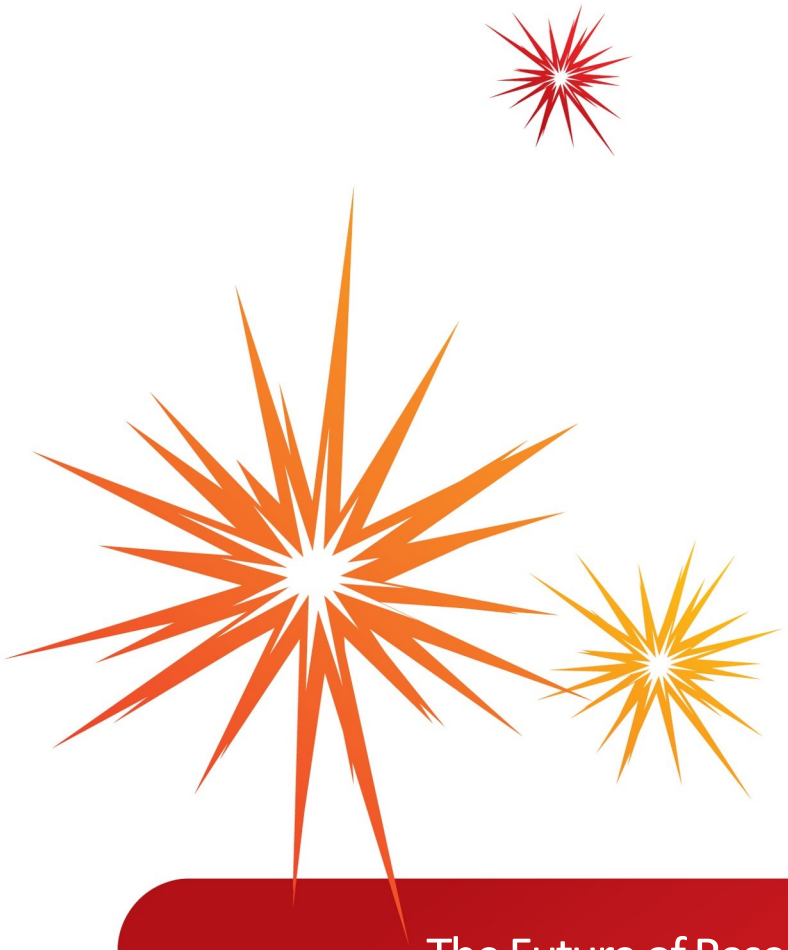
NHS North West R&D Better Connected Research



The Future of Research in Primary Dental Health Care

10th October 2013

CATALYST
Igniting new ideas

Catalyst Report – The Future of Research in Primary Dental Health Care

The Peninsula Centre, Manchester. 10th October 2013.

Purpose

This event brought together prominent people from diverse backgrounds across the North West of England who have an interest in Dental Research. It is hoped the event will allow attendees to begin collaborative work across their organisations, with a view to developing innovative bids for National Institute for Health Research (NIHR) / EU funding.

The event was conducted using a forum known as 'Open Space'. The method is designed to enable people with mutual interests to meet and progress ideas in a short period of time. Participants have control over what is discussed and can choose to include themselves in various forums generated on the day. At the conclusion of the various forums, decisions are made about outcomes and further steps to progress them. Participants are expected to contribute further via the networks developed on the day.

Workshop Summary

Presentations

Stuart Eglin, Regional Director, NHS R&D NW

Stuart Eglin introduced the day by explaining that the Catalyst Event is part of a wider programme of work being undertaken by NHS R&D North West to encourage new collaborations and the development of new research questions that may lead to an increase in the number of funded health research bids from the North West. The event was organized by NHS R&D North West, in partnership with the North West Deanery, to bring together dental health researchers, clinicians and representatives of patients and the public in order to collaborate on such bids.

Nicholas Taylor, Director of Postgraduate Dental Education, North Western Deanery

Nicholas Taylor provided an over-view of the current landscape in dentistry as follows:-

94% of dentistry is carried out in primary care dental services, the majority of this on the high street in small businesses; we are also experiencing an increase in corporates and ownership of multiple practices.

The last 8 years have seen massive changes in the world of primary care dentistry, on the contractual front we have had the implementation of the UDA bound contract which is

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soon to be superseded by the outcome of the pilots, based on a risk management approach. We have had several editions of DBOH – the preventative gospel, OFT report leading to Direct Access for dental care professionals – allowing therapists, hygienist and dental nurses to see the patient before a dental diagnosis. Plus numerous changes to dental materials and techniques, clinical governance, H&S and the drive to take as much of secondary care dentistry into primary care. All of which is primarily directed at the grass roots 'jobbing' dentist, who has very little if any input as to the effects on its suitability, sustainability or financial viability.

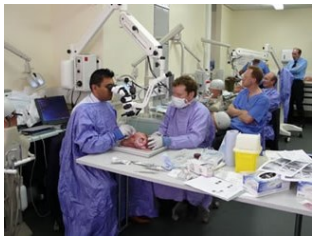
To add to this melting pot of dental upheaval we have had the Andrew Landsley reforms putting clinicians at the centre of the service design. In the case of dentistry this is focused on the NHS England, Area Team, Local Professional Network, (not CCGs) where all key stakeholders come together to give clinical leadership.

Research in dentistry is generally driven from the centre of the research and academic world as these people have the knowledge and skills to deliver in their chosen fields – and are paid so to do!

The involvement of primary care, except for in a few very isolated cases has been to have research done to or on them as they lack the skills, knowledge and time – and are not paid to do so.

What we hope to do today is to start an enduring relationship between the coal face of the dental world, on the high street and the research fraternity at a personal level and with outcomes for research projects that will reflect the needs of primary care practitioners and enhance the service to their patients. This is not just for the NW (which is of course our primary aim) but nationally. As usual we want the quality of research to stand head and shoulders above the rest.

Paul Brocklehurst, Senior Clinical Lecturer, NIHR Clinician Scientist & Honorary Consultant in Dental Public Health, School of Dentistry, The University of Manchester



Paul Brockelhurst provided a summary of some of the challenges in dentistry and areas for new research. The key points are listed below and compliment the slide handout provided in the delegate packs.

GA for children is the second most common reason for admission to A&E. 90% of the £4Bn budget is provided in primary care. 55% check-ups lead to no further treatment & cost £1Bn (NIC, 2012). 45% who don't attend experience the majority of the disease (Godson, 2008). Patients with the least need are being seen and treated by the most expensive resource. The number of people aged 65 or older is projected to grow to 1.5 Billion by 2050 worldwide. By 2050, 50% of the population in the UK will be over 50 years of age. 25% in the United Kingdom (UK) will be pensioners

The "oldest old" (over 85 years) are projected to increase by 351%. Many of the aging population across Europe will reside in care homes, residential care or be cared for at home, making access more difficult. 94% will have their own teeth.

If research derived from primary care is to succeed it needs to secure funding. It also needs to align the research questions with the funding bodies, or stimulate new ideas and work closely with users through public and patient involvement. Also needs to maintain a strategic and population focus and recognise the tension between these two.

Vision Planning. Teamwork. Understanding your environment. Sign-posting progress. Helping others to do the same.

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Introduction to Open Space

Su Fowler Johnson - facilitator (Director, Pace Consulting)

Open Space offers a method of running meetings for groups of any size. It is a self-organising process. Within the event theme, participants construct the agenda by raising and scheduling a series of topics/ideas for exploration. The process enables groups to address complex, important issues and achieve meaningful results quickly. Open Space meetings offer highly successful examples of self-organising systems. Self-organised meetings can have more success in addressing complex topics than more traditional meeting methodologies. Underpinning this are three simple principles and one law:

1. **Whoever comes are the right people**: In other words, attendees of a session are 'right' simply because they care to attend and prioritise that meeting over all the other ones that are running concurrently.

2. **Whatever happens is the only thing that could have:** Attendees should pay attention to events of the moment, instead of worrying about what could possibly happen. Conveners should not dominate discussions but allow the group to take the original idea in new directions.

3. **When it's over, it's over:** Participants should not waste time, but move on to something else when the fruitful discussion ends (or continue working beyond the indicative end time if real progress is being made).

The '**Law of Two Feet**' encourages participants to use their time wisely. If, at any time during the event, people find themselves in a situation where they are neither learning nor contributing, they are encouraged to 'use their feet' and go to another discussion that is likely to be more fruitful.

Identification of research topics

Su invited delegates to sit in a circle, take a piece of paper and pen from the middle, and note down their name and their topic question. Those coming forward with questions then introduced themselves and briefly explained their thinking. Their question was then organised and placed on an agenda wall (an area where all questions are organised in A.M and P.M slots, for all delegates to refer to throughout the day) to discuss the topic they had raised. A total of 22 questions were suggested, as recorded in this report. Each was allocated a meeting space, and the discussions began.

Each discussion that attracted participants was recorded by a convener; convener reports are transcribed in the report below. At the end of the discussions, all convener reports were put up on the wall for delegates to view throughout the day.

Summary of Converners Reports

Some topics are closely interlinked, therefore the discussions are presented in the following themes; engagement, older people, children and access. The order in which they are presented does not reflect the popularity or other merit of the research discussions

ENGAGEMENT

Group 1 - How can we make sure the public and patients are involved in primary care dental research?

Convenor – Melanie Chapman

Participants – Rosalind McNally, Mohsan Ahmed, Claire Harris, Vincent O'Brien, Sarah Fallon

Key points from the discussion:

Some dentists don't feel involved in research. Need to show benefits to involving patients

- E.g. quarterly dental patient focus groups – lead to change in practice and policies – feedback on tool kits. Engage with communities – e.g. dentists going in to schools. Local champions who cascade to peers. Use these to generate research topics.
- Patients want to know why. Dentists give advice based on evidence form research. What is of interest and value to patients
- Lived experience and natural structures will be missed. Getting people who are less committed to participate – can use people who do engage to cascade/ connect with communities.
- Practicalities – costs of travel expense, time etc. carry responsibilities of patients

Next steps:

- Set up a day/working group after this event
- Find out which groups are already established and make links between academics, PPI groups and dental practices so patients can drive research and academics can approach
- Community spaces in universities
- Convincing dentists about importance of involving patient and public.

Group 2 - What is sustainable?

Convenor – Connor O'Neill

Participants – Simon Cove, Vincent O'Brien, Debbie Holden, Saheli Johnson

Key points from the discussion:

- How do we value prevention?
- This is critical so we can 'carry on' in primary care
- How do we get primary care dentists involved in all parts of research?

What are the best ways to liaise with the profession to harvest good ideas and innovate practice? Shared experience etc.

Next steps:

None documented at this stage.

Group 3 - How do we engage GDPs?

Convenor – Andy Cow

Participants – Nick Barkworth, Mark Pierce, Melanie Chapman, Tanya Walsh, Rose Pealing, Donna Hough

Key points from the discussion:

- LPN – key role – advertise/invitation
- VDP/DFIs/Specialist training/ALL PRACTICE TEAM
- Potential opportunity with new contracts for LPNs to engage with practices
- Easier with "outcome based" contracts?

Next steps:

- *Share existing knowledge to promote use of better oral health*
- *Routine care groups (research sub group)*
- *Networking at Piccadilly*

"Thank you for the opportunity to enable access to networks for NHS libraries, hope we can all move forward together"

"Fabulous attendance from some very influential people – their presence is testimony to their commitment to collaborative thinking and change"

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Group 4 - How to spend NHS budget – evidence based policy

Convenor – Simon Cove

Participants – Sunil Panchmatia, Melanie Catleugh, Nicholas Taylor, Conor O'Neill, Rosalind McNally

Key points from the discussion:

- How do you ensure value for money in dentistry
- Best way to communicate upwards and downwards policy

How to communicate policy proposals, upwards and downwards

⇒ *Committee?*

⇒ *NHS portals blog*

⇒ *Perhaps a MDT committee to sift through internet and link back to dentists/LDCs/LPNs*

- Best model of clinical leadership to influence policy

⇒ *Essential policies important*

Recommend policies – get rid of or make it clear e.g. 2 out of 5 are essential. Dentist to decide which.

Group 5 - How can R&D be incorporated in to the new contract

Convenor – Andy Cow

Participants – Saheli Johnson, Peter Hughes

Key points from the discussion:

- Should R&D be in general practice
- Efforts better spent in 'delivering better oral health'
- Simple computer system

Impact on service delivery/access figures

Next steps:

None documented.

"If we want to improve access and extend skill mix then we need public perception to change and advertising to change"

"Opportunity to meet people from areas and back grounds that I wouldn't normally meet"

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"Good to talk to colleagues especially coal face dentists"

"Came up with affordable ideas for research with potential to implement"

Group 6 - Leadership in primary dental care. The impact of the lack of involvement of GDPs in contracts and policy making.

Convenor – Shazad Saleem

Participants – Rebecca Harris, Elaine Hawthorn, Colette Bridgman, Eric Rooney

Key points from the discussion:

- What makes the ideal team to design and shape dental services and policy
- How to influence the current policy maker and open channels of communication
- What impact does clinical leadership have on designing services – look at dental pilots and pre pilots. What is not working with the current pilots
- To form a NW based think tank to develop design and change the current contract based on the risk assessment and care pathway model and to feed in to the national pilot.
- Why the NW
- First wave of pre pilots
- A lot of individual work with pre pilots and pilots happened
- A lot of GDPs, commissioners, consultants in dental public health with good experience in pilots
- What impact can LDNs have on shaping policy and driving the national contract

SIDE TOPIC: For Research choose a smaller topic that can be researched and bring the above ideas

Next steps:

- Funding, resources, time
- Form north west pilot group to feed into pilot
- How would you implement best practice period in general practice and what are the barriers for change?
- How care pathways work
- How are clinical guidelines developed
- How can messages be delivered
- Clinical engagement
- How to implement change

What % of best practice is being delivered at the moment

Group 7: Learning from pre pilot experience: *moving towards a new contract*

Convenor – Eric Rooney

Participants – Shazad Saleem, Mark Pierce, Irfan Ravat, Conor O'Neill, Simon Cove, Rupert Longson, Ian Redfearn, Colette Bridgman

Key points from the discussion:

- What are the most effective ways of delivering a clinical pathway model
- From experience of practices/commissioners across the NW, determine models of delivery of non-standard GDS/PDS contract – pre/pilot practices determine model of delivery in the following domains
- Skills mix – use
- Work flow through practice
- Internal financial arrangements for paying staff/associates
- Patient experience
- Efficiency (PH perception)

Next steps:

Need help regarding funding sources – to get this, approach together. Lots of enthusiasm from the group to make this happen.

Group 8: What's the point of research?

Convenor – Vincent O'Brien

Participants – Lawrence Mair, Eric Rooney, Sue Higham, Nicholas Taylor, Sunil Panchmatia, Mark Pierce

Key points from the discussion:

- Research should answer questions, but who asks the questions?
- Research has to be relevant – to researchers, practitioners, community
- Policy orientated
- Practice improvements
- Population/behavioural

Next steps:

None documented.

"I WAS UNCERTAIN ABOUT THE FORMAT OF THE DAY. HOWEVER IT WORKED WELL AND I HAVE MADE CONTACTS"

"VERY INTERESTING FORMAT – STIMULATING IDEAS"

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OLDER PEOPLE

Group 9 - GDP domiciliary services for elderly patients/patients in care homes

Convenor – Deb Parker

Participants – Stuart Allan, Michael Somerville, David Read, Hilary Whitehead, Serena Rochford, Ann-Marie Yarwood

Key points from the discussion:

- Limitations of treatments available – cooperation between CDS and GDS
- Regulating barriers (CQC etc)
- Inappropriate/unrealistic expectations from staff in homes with regards to what treatments etc are appropriate/available
- Systemic disease are impacted by periodontal disease e.g. diabetes – educate the carers
- How many people NEED this service

Who could deliver this service – DGPs, technicians, GDPs

Next steps:

- Assess the need
- Protocols – what are the qualifying factors
- Are there specific exclusions
- What are the barriers to patients accessing "regular" care
- What are treatment needs

Education required

Group 10 - Dementia and elderly care pathway

Convenor – Saheli Johnson

Participants – Serena Rochford, Stuart Allan, Gillian Southgate, Rose Pealing

Key points from the discussion:

- Educating cares and family
- Bringing groups of patients in together
- Research – what level of dementia awareness amongst dentists? High profile campaigns on GDP. How can they be made aware of the issues?
- How do you get conformed consent – good days
- Checklist in healthcare programme and signposting to services
- GDPs responsible for people in their area – Sheffield model ("Parish" – know your patients, tailor your workforce)
- Centre for treating – patients involving dentists and other health care professionals

Needs to be a part of other MDTs; integrated model – KPIs related outcomes

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Next steps:

- Alistair Burns – R&D running a catalyst event on dementia
- Talk to commissioners, AT etc to pilot a different way of working

Group 11 - How to make the provision for elderly patients viable in primary care

Convenor – Serena Rochford

Participants – Rose Pealing, Deborah Parker, Gail Vernon, Allyson Shepherd

Key points from the discussion:

- Need more geriatricians – to treat older patients who need fillings/RCT etc in a dental environment
- Train staff
- Nurses – oral hygiene advice etc (like baby teeth do matter)
- Dental therapists just for elderly (extra training?)
- Suggest OH clinics for over a certain age ("free" clinic) (e.g. over 50 mens health at GPs)

Develop education leaflets on therapist roles

Next steps:

- Training courses – nurses, therapists
- More geriatricians
- Discuss funding for treating elderly within the practice

Group 12 - What can we use to replace amalgam?

Convenor – Lawrence Mair

Participants – Serena Rochford, Stuart Allan, David Read, Charlotte Willmot, Mark Pierce, Ian Redfearn, Fiona Sandom, Anne-Marie Yarwood, Michael Somerville, Rupert Longson, Sunil Panchmatia, Shazad Saleem, Mohammed Umar, Kasia Adjetey

Key points from the discussion:

- Look back at what people in primary care see what different GDP have achieved'. Are there common factors of success? If so use to inform a prospective trial.
- Ropey glass ionomor is better than ropey composite. Can we make glass ionomors more resistant? Can we make fuji IX type light cured? Is there and ethical issue about using glass ionomors?

A big trial using lots of types of GI with GI is better than a trail by experts even in primary care.

Next steps:

Retrospective study of practices who have used composite V glass ionomor

Group 13 – How to educate older people (50+) in their dental hygiene

Convener - Ged Reilly

Participants – non recorded on report

Key point from the discussion

New dental issues as you get older, factors make them a difficult group to treat.

Accessing dentists? Awareness of how top access an NHS dentist

Getting 40s/and 50s into good practice

Simple action (fluoride) = prevention

Research- awareness of poor dental care

Treatment of patients in intensive care = reduce cost and length of time in ICU

Oncology – mouth and throat cancers – oral hygiene reduce chance of infection.

Next steps:

Research around perception of high fluoride toothpaste

Raise awareness of good dental hygiene benefits and diet

Get awareness of visits to dentists as being formative behavior Research in nursing homes in use of fluoride

Children

Group 14 - How do we change parental perceptions of their children's oral health (primary school age). How does this influence oral health outcome for children.

Convenor – Ally Shepherd

Participants – Sue Ellis, Mohsan Ahmad, Peter Howlett, Charlotte Willmot, Debbie Holden, Kashia Adjetey, Saheli Johnson, Francesca Entwistle, Ian Redfearn

Key points from the discussion:

Who is the right person to influence parents perceptions and behaviour change

Everybody working together with other health care professionals who engage with families EARLY e.g. peer support

Marmot review – 0-2 year olds

Research required to change policy

Commission or de-commission work

What are parents' perceptions? What are their priorities?

Next steps:

Pool research from other fields e.g. obesity groups

Who is the best messenger? Is their research to demonstrate who and when?

Peer support? E.g. Blackpool breast feeding, parents, charity, smile for life – oral health champions

Find a proven model and apply to dentistry – research project – look at outcomes

Can peer support change attitudes/perceptions?

Can we influence 'red book' (baby book) by dental page

⇒ 1st visit

⇒ Contract info

For parents and for health professionals

Group 15 - Research/evaluation of milk fluoridation in Blackpool. Free breakfast scheme.

Convenor – Eric Rooney

Participants – Francesca Entwistle, Peter Howlett, Sue Higham

Key points from the discussion:

- Link to wider system
- Possible link with Liverpool University – previous work – Kettley etc
- Use of social work – mums net – regarding supporting

Next steps:

- Continue to work with council
- Get academic partner
- Need help with NIHR/PH – funding application etc

Group 16 – Sustainable behaviour modification in kids…….

What's the point? - Who/where/when/how? – avoid replication of research already done— "Best" way"

Convenor – Justine Colbeck

Participants – Francesca Entwistle, Sue Higham, Peter Howlett, Lawrence Mair, Fiona Sandom

Key points from the discussion:

- Government
- Schemes already in existence
- Wales "design to smile" – 3-11 year olds
- "Start for life"

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- "Family nurse partnership" – vulnerable teenagers
- "Child smile"
- Peer mentors
- Access to sugar
- Drinks
- Marketing (alchopops, diet drinks, "healthy" alternatives, cost water vs coke)
- Child GA's value of baby teeth
- Target pregnant women
- Free dental care
- Wants best for their baby
- Lifestyle

Next steps:

- Research what methods/interventions/have maximum proven benefit/ reduction in over 5 year olds (already been done! i.e. literature search)
- MDT approach to engage health visitors, midwives, DCPs, DPH, DoH, medics, students, post grad deanery, LPN
- Devise program to deliver in NW as pilot for national recommendations

Group 17- How do we get access to non-attending school age children?

Convener – Charlotte Willmot

Participants – Allyson Shephard, Andrew Cow, Tracey Rodgers, Gail Vernon

Key points from the discussion:

- Education role requires a greater skill mix.
- Schools need to be aware of dental health, behavior changes. Motivate educators at school (school health advisors) Support families to attend.
- School screening programmes previously not cost effective but consider access. Experience of colleagues at adolescence
- Inside superstore – fluoride varnish by Dental nurses appointment made at GDP for continued care.
- Councils will have a complete list of children and list of attending dentists
- Two problems, how do we get non-attending children with need to come, motivate parents to bring them
- Mobile units not as successful due to follow-up still required
- Consider more joint thinking with health visitors' and social services
- School health advisors to encourage parents to attend
- Consider health and wellbeing modules in schools-practices linked in.
- Baby teeth matters scheme in South Manchester

Next steps:

- Health day in school linking in all areas together in school. Linked to local GDP.
- Liaise with schools to encourage education of oral health messages
- Linking other agencies as these families are already known considering wider safe guarding
- Larger government programmes me to encourage visits to the dentist and that not taking your child could constitute neglect?

ACCESS

Group 18 - What oral health programme would be effective for a transient population?

Convenor – Kasia Adjetey

Participants – Mohammed Umar, Nick Barkworth, Susan Ellis, Anne-Marie Yarwood, David Read

Key points from the discussion:

- Address immediate needs and preventatives
- What does transient mean?
- Defining population figures from councils etc
- 40% of non-attenders put pressure on
- Walk in centres/GP surgeries/schools
- 7000 on waiting list
- Long term care wanted or seasonal
- Does care need to be seasonal? – transient dentists/therapists/hygienists – visual aids, simple registration

Next steps:

- Understand what transient means
- Populations swells/numbers etc
- Beliefs/geography origin of patients
- Other health agencies
- Are we the right people to give the message
- Coronation street/Emmerdale – story lines

"It's always good to meet and talk with new people and hear different ideas, understandings and concerns"

"Stimulating, made me reflect on previously held opinions"

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Group 19 - Skills mix – improve services, greater access.

Convenor – Mohammed Umar

Participants – Irfan Ravat, Tracey Rogers, Gail Vernon, Fiona Sandom

Key points from the discussion:

- How to make it work financially
- Threat to GDP – economics
- Community based GDP broaden services
- Dental health education – more broad range Reach out to more patients – relate more Greater preventative message
- Ownership – all work force
- Research – patient perception
- Marketing – advertising (dentist use own toothpaste)

Next steps:

- Research
- Patient perception of all members of dental – GDP/therapist/hygienist/nurses/ receptionist
- Advertising
- Research – what public and user wants
- How it will/can would be implemented by new contract

Salary – hit targets

Group 20- Identifying barriers to non-attenders and how to overcome these effectively.

Convenor – Sunil Panchmatia

Participants – Nicholas Taylor, Lynne Goodacre, Michael Somerville, Deborah Holden, Elaine Hawthorn

Key points from the discussion:

- Discover why attenders attend regularly
- What was achieved from baby teeth do matter
- How can non-attenders be accessed
- Buddy practices – results? – is it changing behaviour of parents
- Effective methods of communication
- Looking at links with other health professionals

Next steps:

- None documented.

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Group 21 - How can primary care dental research in future address the 80/20 split and unequal access/gap/dysfunction.

Convenor – Rosalind McNally

Participants – Melanie Chapman, Nicholas Taylor

Key points from the discussion:

- Using what we know already – barriers—cost and fear/anxiety
- Service/business models – what responses have there been
- Ask people what they like
- Look 'upstream' – no interventions at individual will do it, it needs to be more than one thing to happen

Next steps:

How do we overcome it – cost and fear

Group 22– research opportunities – waiting lists

Convener – Nick Barkworth

Participants – Kashia Adjetey, ,Melanie Catleugh, Colette Bridgman ,Justine Colbeck, ,Donna Houg, ,Irfan Rava, ,Tracey Rodgers, ,Hilary Whitehead

Key points from the discussion

- Accuracy of waiting lists
- Manchester model of managing waiting lists
- Research relating to the reasons for inclusion on the waiting list
- EIP patients as a potential sample of patients
- How "live" is the waiting list
- Collet Bridgemans idea of dentist allocation
- Upstream oral health messages – impact
- Aged group based research
- Numbered vouchers – count and audit update
- £75 per patient/associates – Manchester model
- Stabilize patients and options for patients

Next steps

- Chunk down into three main areas
- List validation
- Oral health promotion
- Allocation follow ups

Schemes to be developed on the back of research.

Summary

This summary is for the purposes outlined at the outset; that is to make notes of the dialogue and to circulate this to the participants as a reminder of discussions and to locate individuals who were involved or who have since expressed an interest to be kept informed.

It is also suggested, to further increase the success of the event that those who want to lead research could provide a short summary to be sent to attendees of the event in case any of the research ideas were missed on the day.

Next steps

This Event Report will be circulated to all participants. Three half day network events will be run in November/December based on themes identified on the day, Access/Engagement, Elderly and Children. These half days are designed to help develop ideas from the day into potential fundable research questions. The half days will be supported by academics and the research design service. The dates for these days will be emailed out to all delegates who attended the event.

Further information

Access to the Cochrane Library is available for all in England at

http://www.evidence.nhs.uk/about-evidence-services/journals-and-databases

Witton RV, Moles DR Barriers and facilitators that influence the delivery of prevention guidance in health service dental practice: a questionnaire study of practising dentists in Southwest England. Community dental health, June 2013, vol./is. 30/2(71-6), 0265-539X

Holmgren CJ, Lo EC, Hu D Glass ionomer ART sealants in Chinese school children-6-year results. Journal of dentistry, September 2013, vol./is. 41/9(764-70), 1879-176X

Davies KJ, Drage NA Adherence to NICE guidelines on recall intervals and the FGDP(UK) Selection Criteria for Dental Radiography Primary dental journal, January 2013, vol./is. 2/1(50-6), 2050-1684

Gallagher JE, Lim Z, Harper PR Workforce skill mix: modeling the potential for dental therapists in state-funded primary dental care. International dental journal, April 2013, vol./is. 63/2(57-64), 0020-6539

Watt RG, Steele JG, Treasure ET, White DA, Pitts NB, Murray JJ Adult Dental Health Survey 2009: implications of findings for clinical practice and oral health policy. British dental journal, January 2013, vol./is. 214/2(71-5), 1476-5373

Access to the the UK Clinical Research Network Study Portfolio is available at:-

http://public.ukcrn.org.uk/Search/Portfolio.aspx?Level1=24&Level2=135&Level3=150&SearchType=Any

Further information

Some current studies are listed below.

Dental therapists carrying out National Dental Inspection Programme

A cross-sectional evaluation study of inter-rater agreement, evaluating the ability of dental therapists to carry out dental inspections

ISRCTN

EudraCT

MREC N°

UKCRN ID 14359

WHO ID

Topic

Oral and Gastrointestinal

Portfolio Eligibility

Automatically eligible

Study Type	Observational	**Current Status**	Closed - follow-up complete
Design Type	Cross-sectional study	**Closure Date**	06/03/2013
Disease(s)	Oral & Dental	**Global Sample Size**	40
Phase	N/A	**Recruitment data not submitted**	Sample/Database data: no Consent requested from participants

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Main Inclusion Criteria

Dental Therapists

Main Exclusion Criteria

any other

Chief Investigator(s)

Mrs Emma O'Keefe

Mrs Emma O'Keefe
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TAHSC (Tayside Academic Health Sciences Centre)
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Funder(s)

Scottish Government Health Directorates

Sponsor(s) NHS Tayside

Further information

NB: The information displayed below does not replace the protocol. The latest protocol version should always be consulted before making clinical decisions.

Efficacy and Cost-effectiveness of Screening by DCPs

Efficacy and Cost-effectiveness of Screening for Common Oral Diseases in a General Dental Practice Environment

Topic

Oral and Gastrointestinal

Portfolio Eligibility

Automatically eligible

ISRCTN

EudraCT

MREC N°

UKCRN ID 14410

WHO ID

Research Summary

In dentistry, dental therapists and hygienists, known as Dental Care Professionals (DCPs) can undertake many of the clinical tasks provided by general dental practitioners (GDP). However, the majority of patients who attend for a regular dental check-up only ever see a GDP and do not require any further treatment. In England, this costs the National Health Service (NHS) approximately £1Bn per year. In contrast, half of the population do not attend a dentist and this group tends to be the most deprived and experience the majority of the disease. As a result, patients with the least need are being seen and treated by the most expensive resource, the GDP, whilst high levels of need persist in patients that have problems accessing dental services. This is happening at a time when the Government is looking to deliver £15-20 billion of savings in the NHS over the next four years. This study aims to examine whether DCPs could be used to screen for the common oral diseases, so that patients only see their dentist when screened positive i.e. disease has been identified. This has the potential to release resources and increase the capacity to care for those who do not currently attend a dentist and is analogous to the approach being taken in general medical practice. The specific objectives are to determine (1) can DCPs screen for common oral diseases in a general dental practice environment (high-street)? (2) are DCPs at least cost-neutral? The efficacy of DCPs will be undertaken in a general dental practice using DCPs to screen for the common oral diseases following suitable training. These materials have been developed from an earlier study using photographs that concluded there was no difference between the performance of DCPs and dentists.

Further information

Study Type	Interventional
Design Type	Not specified
Disease(s)	Oral & Dental
Phase	N/A

Current Status	Open
Closure Date	14/07/2014
Global Sample Size	1750

Geographical Scope	UK Multi-Centre
Lead Country	England
Open to new sites	Yes, within lead country only

Main Inclusion Criteria

Inclusion criteria for patients:
- An NHS patient
- A minimum of nineteen years of age
- Asymptomatic and elective
- Patient attending for a routine inspection ("check-up")
- Willingness to consent to study.

Inclusion criteria for practices:
- Registered with the Care Quality Commission
- Conform to GDC "Standards in Practice"
- Large throughput of NHS patients
- Sponsorship by a Consultant in Dental Public Health (no outstanding issues with their Commissioning Cluster/Primary Care Trust)
- Evidence of clinical governance (e.g. BDA Good Practice Scheme; Membership or Fellowship of the Faculty of General Dental Practice (UK))
- Practice supported by a practice manager
- Involved clinicians have undertaken an audit in previous twelve months
- Involved clinicians have a Professional Development Plan (to augment with research relevant training)
- The employment of at least one dental hygienist at the practice
- A minimum of three surgeries in the practice.

Main Exclusion Criteria

Exclusion criteria for patients:
- Inability to understand or comprehend what the purpose of the study is
- Patients in pain or requiring active intervention
- Patients with complex medical or debilitating chronic conditions
- Underlying medical conditions that make screening difficult to undertake, such as trismus or sublingual fibrosis.

Exclusion criteria for practices:
- Inability to understand or comprehend what the purpose of the study is
- Inability to speak English fluently
- Practices that do not have at least three surgeries in the practice
- Not registered with the Care Quality Commission or conform to GDC "Standards in Practice"
- Less than 80% of income form NHS dentistry
- Poor evidence of clinical governance (e.g. BDA Good Practice Scheme; Membership or Fellowship of the Faculty of General Dental Practice (UK))
- No practice manager
- Poor clinical governance
- No DCPs at the practice.

Chief Investigator(s)

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Further information

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Sponsor(s)

Teeth and Dentist: What Do You Think?

Development of a Child-centred Caries Specific Measure of Oral Health Related Quality of Life

Topic

Oral and Gastrointestinal (co-adopted by Generic Relevance & Cross Cutting Themes)

Portfolio Eligibility

Automatically eligible

ISRCTN

EudraCT

MREC N° 11/H1310/3

UKCRN ID 14442

WHO ID

Current Status	Open
Closure Date	01/10/2015
Global Sample Size	258
Global Recruitment to Date	5%

Geographical Scope Single Centre

Lead Country England

Open to new sites No

Main Inclusion Criteria

- Children and young people aged 5-16 years of age at recruitment;
- Children who have active dental decay or have had previous experience of dental decay;
- English speaking.

Main Exclusion Criteria

- Children with other pre-existing medical (American Society of Anesthesiologists' (ASA) Physical Status Classification System Grade 3 or greater (American Society of Anesthesiolgists, 1974); dental or oral conditions;
- Children with severe learning difficulties who would be unable to participate with the intended activities even with support from the Chief Investigator.

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Feedback from the Dental Catalyst 10th October 2013

"The Future of Research in Primary Dental Care"

General comments

- The open space idea worked really well
- Very interesting format – stimulating ideas
- Very enjoyable session; Really interesting day ; Very informative
- Awesome idea ; Interactive day
- Enjoyable. Really liked the format
- Effective way of getting the discussion going
- Really good day with interactive and interesting format
- Great facilitating
- I was uncertain about the format of the day. However it worked well and I have made contacts and will be pursuing a couple of ideas
- A good session- innovatively delivered
- Thank you, beautifully facilitated
- Well organised, thought provoking and interesting
- Thought provoking and inspirational
- Warm and friendly and welcoming
- Very organic and potentially very powerful forum
- Thanks for organising a thought provoking event
- Nice to have time to think.
- Proud to have been part of event and hope to continue to be part of it
- Not at all what I expected!

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Igniting new ideas

Feedback from the Dental Catalyst 10th October 2013

"The Future of Research in Primary Dental Care"

Venue/Facilities

- Great venue; Good easily accessible venue
- Well organised, good refreshments and facilities
- Venue excellent, parking facilities good, good method of collecting ideas and information
- Liked the open and informal layout

Opportunity for networking and collaborating

- Cross fertilization of different professionals was very useful
- Good use of time for discussion excellent mix of individuals
- Discussions with other professional groups of value
- It's always good to meet and talk with new people and hear different ideas, understandings and concerns
- Fabulous attendance from some very influential people – their presence is testimony to their commitment to collaborative thinking and change
- Good to talk to colleagues especially coal face dentists
- Different back grounds allowed for very interesting discussion and appreciation of other roles and their involvement
- Excellent networking opportunity
- Good mix of academic, clinical, research and public health teams
- Good to meet different people
- It's been great to hear other people's ideas
- Thank you for the opportunity to enable access to networks for NHS libraries, hope we can all move forward together
- Lots of synergies with other health professionals which maybe needs nurturing

Opportunity to meet people from areas and back grounds that I wouldn't normally meet

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Igniting new ideas

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"The Future of Research in Primary Dental Care"

Outcomes and what happens next?

- The $64000 question is- what happens next?
- Looking forward to the next event
- It would be good to take another step together, how do we do this?
- Would have liked to go to more discussions and would like feedback on the outcomes
- Please give us feedback on what went on today
- What's important is the way forward
- There is the potential for four or five solid research questions – hope these translate into projects that make a difference
- Let's have something valuable come out of it and GDIs are kept informed
- Keen to see real outcomes

Comments on discussions/ new ideas

- Feel that the areas discussed were extremely valuable
- Learned about other areas of dentistry
- Good to begin to deal with the barriers to providing good dental care
- Stimulating, made me reflect on previously held opinions
- Constructive discussions on elderly patients
- Good to develop difficult ideas
- Came up with affordable ideas for research with potential to implement
- Evidence based policy at a global level – down to grass roots- difficult to transmit and implement the message
- Made me realise some obvious facts whilst talking of access, e.g. 95% dentists use a particular brand of toothpaste?"

If we want to improve access and extend skill mix then we need public perception to change and advertising to change

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"The Future of Research in Primary Dental Care"

Thoughts for consideration for future events

- Circle didn't work too well at the end, a bit introspective
- Cynically I wonder how much would be taken forwards and be useful
- Sometimes the focus on research was lost
- Not sure about the talking stick
- Perhaps the day would have been more productive with the audience focusing on how to best implement delivering better oral health
- Already lots of activity within the dental community – information needs to be shared through effective communication
- Consolidation before research

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