Since the beginning of the NHS, dental care has been an integral element of the NHS offer and remains a valued service. At the heart of this service are the values, skills and dedication of the Dental Nurse profession. The past 70 years have seen dental nurses contribute to the transformation in dental care which emerges into the 21st century and the era of integrated care with a renewed focus on prevention and minimal intervention. In continuing the commissioning of dental services NHS England dental care must be part of a whole systems approach if we are to continue improving oral health and reducing oral health inequalities. The role of the dental nurse in these multi-disciplinary endeavours remains a vital element.

The profession has strong role models across all aspects of the dental nursing profession, willing to face up to a range of oral health challenges. With the reforms that continue to shape NHS England commissioning strategies and new business models the profession should prepare to grasp the opportunity presented by the changing the roles and responsibilities of every member of the dental team.

Equity of access to primary dental care services remains a central goal and we all recognise that there are persistent pockets of reduced accessibility in parts of England. This has prompted a renewed interest in how to optimise the scope of practice of all individuals within the dental team. Health Education England’s Advancing Dental Care Review is at the forefront of this thinking and the dental nurse cadre is strongly represented in the project. Going forward it is critical that each dental nurse seeks out opportunity to engage with the regional HEE consultation events. This is your opportunity to present the compelling arguments for further development of the dental nurse role and shape the avenues for advancement up the skills escalator. Do not let the opportunity slip through your grasp.

Before addressing the new challenges it is worth reflecting on the evidenced improvements in England’s oral health that are testament to the positive changes in the population’s lifestyle and diet, oral health literacy and self-care, the widespread use of fluoride toothpaste, easier access to dental teams and the innovation in clinical practice with the adoption of evidence-based prevention pathways - many delivered by dental nurses and we must not leave this valuable knowledge and experience in our wake as we move forward.

So where are the new oral health challenges to be found? The majority of NHS dental care will continue to be undertaken by General Dental Practice Teams complemented by dental professionals in the community, academic, hospital, and public health arenas. With the advent of the extended duties portfolio dental nurses are well placed to actively contribute to the on-going improvements in the oral health of the nation, for both children and adults be it in the more traditional clinic-based environment.
However, alongside the more conventional view of dental nursing we need to be thinking about different settings and what access really means. The NHS England Long Term Plan and the emerging Primary Care Networks (PCN) provides the foundation for innovation in access for those in the most deprived groups, with potential for investment into targeted prevention and intervention for high-risk, high-need and vulnerable groups as well as removing barriers that deter some people away from regularly seeing the dental team.

In addressing the not insignificant burden of dental problems we recognise that oral health inequality has a strong association with social deprivation. To tackle the socioeconomic gradient in access to dental care, more flexibility is required to accommodate people at the lower end of the income scale. With an increasing understanding within NHS England that dental services are complementary to and should be recognised in NHS community care specifications that support the oral health needs of vulnerable groups such as housebound older people, disabled people and the homeless is a welcome step change.

These requirements are reflected in the Long-Term Plan and NHS Regional place-based commissioning strategies for dental care and local priority alignment within the emerging primary care networks (PCN). Continued development of the current suite of dental commissioning standards is aligned with the ambitions of the Long-Term Plan and community care focus. These set the national quality benchmark with place-based decisions on quantity and location, to minimise unwarranted variation in care quality. The implementation of these commissioning standards is critical to the integration of good oral health care across the integrated care landscape and predicated on commitment of the whole dental team to quality improvement.

However, general dental service transformation is limited by the legacy of an outmoded assessment of “value for taxpayers’ money” as the production of fillings, dentures, extractions or crowns. Investment in “time to prevent” as much as “time to care”, places different demands on service delivery and requires a re-assessment of the metrics for measuring the quality of care delivered. The current 2006 contract focuses on incentivising activity and limits access to dentistry as it effectively sets quotas on the number of patients that can be seen on the NHS by capping the number of dental procedures a dental practice can perform each year.

In recognising that “prevention is better value than cure” NHS England is piloting local flexible commissioning initiatives and prototyping a national contract model to inform the transition from dental activity to oral health as the outcome of commissioned NHS dental services. The compelling advocacy for service transformation and contract reform, to break the cycle of intervention and repair (the legacy of a different age) was laid out in the Steele Report 2009. The report provides the evidence base for reforming the NHS primary dental care and continues to inform our joint working with DHS&C on Dental Contract Reform. This is to be achieved by:

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1 NHS dental services in England An independent review led by Professor Jimmy Steel – June 2009
• Introducing a new clinical pathway based on managing risk, creating a healthy oral environment through providing preventive care and encouraging healthy behaviours.

• Supporting the clinical pathway by exploring new remuneration models where dental practices are remunerated based on the number of patients they care for, and the quality of that care, rather than simply the number of treatments of different types provided.

The first wave of prototypes commenced in 2015/16, with a further three waves of recruitment into the prototype scheme. As at 31 July 2019, there are 102 prototype practices contracted within a prevention focused, capitation and registration model. Evaluation of the scheme offers us tangible evidence that dental practices are delivering the appropriate prevention and active treatment where necessary. Patients are benefitting from a continuing relationship with their practice with registration offering security of ongoing care. We will continue to work with the whole dental profession to align contractual incentives with the outcomes that clinicians want; and ensure an alignment with the needs and aspirations of the people who should be, at all times, at the heart of our NHS – the patients.

Alongside the reforms to contract and we are thinking differently about the dental team and optimising the skill sets available to support patient care. This theme is already in action with the ‘Starting Well’ scheme which is reaching out in 13 high needs areas to children at the greatest risk of tooth decay. Under new terms of flexible commissioning we are seeing practices deploying their dental nurses into communities, establishing contact with children and families that do not regularly attend, and supporting young children to develop good oral hygiene by regular supervised toothbrushing in nurseries.

However, a preventative focus is key for all ages and particularly for older people. Older people are increasingly entering old age with their own but heavily restored teeth. Maintaining good oral health is crucial for this group in minimising other health risks and ensuring dignity in care. The recent CQC report on oral health in care homes ‘Smiling Matters’\(^2\) found a lack of understanding of the importance of helping people with oral hygiene which is the foundation of prevention. NHS England and PHE are already working closely with CQC to see how the recommendations can be taken forward. At the forefront of this is Mouth Care Matters – a successful DCP led service which was developed in Kent Surrey and Sussex hospitals and care homes, and which we are planning to expand over the next few years.

Broader prevention includes the intent to support local areas interested in fluoridating their water. As we know, fluoride can be delivered to teeth in one of three ways: through fluoride toothpaste, through varnish applied directly to teeth and through fluoridation of water supplies. All three ways of delivering fluoride are effective once the fluoride reaches the tooth, but for water fluoridation no action is required by the

individual or dentist, and so reaches those most at risk most reliably. Whilst dental nurses have a role in the application of fluoride varnish they also have a key role in supporting public awareness of the safety of community water fluoridation. It is paramount that dental nurses, acquaint themselves with the evidence-base and efficacy of community water fluoridation, a most effective public health measure for the prevention of dental caries.

So to sum up... Despite improvements in the population’s dental health over the past four decades the national commitment to improving oral health and increasing access to NHS dental services remains a relevant and necessary goal. In delivering on the intent to increase access to dental care a reformed NHS dental contract that has prevention at its heart is a key priority; and this is a key opportunity for dental nurses. With the drive on supervised toothbrushing and water fluoridation as set out in the Green Paper and progress on the HEE Advancing Dental Care Review to support the current workforce and future proof for the challenges of 21st century oral health – opportunity, career development and personal satisfaction in underpinning population health improvement remains a very real prospect for the dental Nurse community.