

Response to Health, Social Care and Sport Committee

Welsh Dental Committee (WDC)

WDC is disappointed to see the terminology “GP Clusters” being used throughout the document. We understand they are in fact Primary Care Clusters and thus have roles wider than GP practice alone – as described by Welsh Government in “Our plan for a primary care service for Wales up to March 2018”. In Aneurin Bevan University Health Board clusters are known as Neighbourhood Care Networks (NCNs) to reflect the broader role.

WDC believes Primary Care Clusters should consider oral health as part of their holistic health priority planning and as part of multi professional and multi disciplinary working. There are a number of areas of care where joint working would be beneficial.

- 1) Working with older people in care homes. Older people in care homes have significant oral health needs as well as general health needs. The Welsh Government programme to improve oral healthcare for adults in care homes provides opportunities to work with professionals within cluster areas to share and develop good practice.
- 2) The establishment of referral care pathways for oral care for patients who are exceptionally anxious about dental care, and those with complex medical needs should be an integral part of the work of Primary Care Clusters. GPs are concerned about patients who attend GP practices with toothache and other problems with their mouth. There are many reasons for this, not least the fact that patients do not pay for their care from a GP. However these patients are often anxious about attending the dentist. Collaborative working and development of appropriate pathways between professionals in cluster areas would be beneficial for the professionals and the patients. Similarly there is growing evidence of the link between oral health and a number of general medical conditions eg diabetes. When developing care pathways for specific conditions, it would be helpful if clusters consider the need to incorporate oral health recommendations. Managed Clinical networks in dentistry can provide a vehicle for this work.

- 3) There are many other areas where shared care/referral pathways between primary care medical and dental teams should be encouraged eg
- Smoking cessation
 - Mouth Cancer
 - Childhood nutrition and obesity
 - Care for vulnerable people e.g. those with learning disability
 - Antibiotic prescribing
 - Bisphosphonate prescribing (BRONJ/MRONJ)
 - Diabetes
 - Oral medicine (e.g. people suffering from severe chronic mouth ulceration)
- 4) It may be unrealistic to expect General Dental Practitioners to be part of every Primary Care Cluster. However there should be scope within their working patterns to address issues that dental teams have in common with other primary care practitioners, opportunities to raise the importance of oral health and link with the work in established clusters. This may include for example a health board dental lead appointed to liaise with clusters and develop effective communication between dental teams and other primary care cluster members.
- 5) New urgent and emergency care 111 services will incorporate dental services. Primary care clusters provide good opportunities for integrated sharing of information about urgent / emergency services in local areas eg information about access to General Dental Services which might avoid pressure from dental patients in GP practices.
- 6) Primary Care Clusters should be aware of the oral health needs in their populations eg through liaison with their Community Dental Services and through Dental Public Health teams. Wales is fortunate in having robust sources of information for dental needs assessment. Local epidemiological data should be shared relating to children and adults and would indicate where joint working can improve the health of local populations e.g. in ABUHB Community Dental Services and Dental Public Health Consultants presented oral health data and information to each cluster to raise awareness of specific issues in each locality.

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