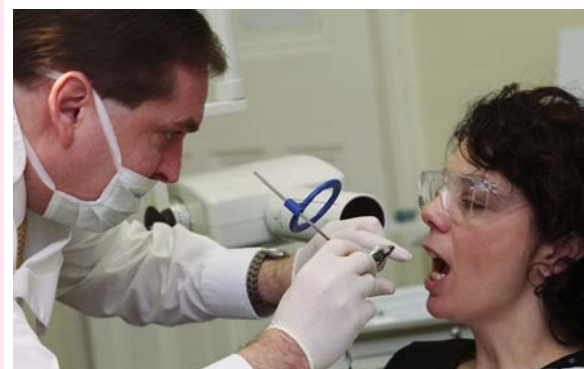


Healthier Mouths and Happier Smiles

An oral health strategy for people IN Salford, 2007-2012



Contents:

1. Introduction	4
2. Drivers for change	5
3. Aims of the Salford strategy	7
4. Salford's oral health needs	8
5. Existing services	15
6. A vision for Salford	17
7. Priorities for action	20
8. Delivering the priorities	21
9. Action plan ladders	22
10. Funding implications	26
11. Summary statement	28
12. Consultation & acknowledgments	29

Foreword

From Dr Julie Higgins, Director of Public Health, Deputy Chief Executive Salford PCT and Alan Campbell, Director of Strategic Commissioning, Salford PCT.

We are delighted to write the foreword to Salford PCT and Salford City Council's new Oral Health Strategy that lays out our plans to deliver oral health to the people of Salford over the next five years and beyond. Oral health is intrinsically linked to general health and therefore it is the responsibility of everyone involved in delivering health and well-being that it plays an important role within their work.

This new strategy is focused on prevention. There is a wealth of evidence that tooth decay and gum disease can be prevented and it is important to begin these preventive practices as early in life as possible. It is therefore a strategic imperative that these preventive actions and advice are provided to young children as soon as possible. Part of ensuring this happens is by re-focusing primary dental care on prevention.

You can find some key preventive messages on the back cover of this booklet - please take the time to read them.

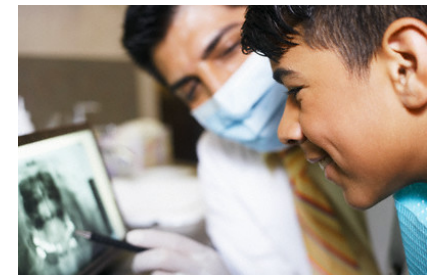
This strategy contains ambitious aims. By working together with the wider dental team and others we believe that we can make a real and sustainable difference to the oral health of our City.

1 introduction

In November 2005 the Trust Board of Salford PCT approved an Oral Health Strategy that incorporated an Oral Health Needs Assessment and a Commissioning Framework. Since then there have been major changes in the way that NHS dentistry is commissioned nationally.

Since 1st April 2006 PCTs have been responsible for commissioning NHS dental and oral health promotion services. There is a new contract between PCTs and high street dentists that enables the service provided to be tailored to the needs of the population.

A national oral health action plan - "Choosing Better Oral Health, DH 2005" has been published. In order to deliver the aims of this plan, Salford PCT needs to describe a plan for local dentistry both for high street and directly provided PCT dental services (PCT-DS). Salford PCT and Salford City Council need to describe a plan for preventing poor oral health. This document sets out our strategy by updating the PCT 2005 plan.



2 drivers for change

A number of key *national* and *local* documents have helped form the Oral Health Strategy. These include:

- Options for change - (Department of Health (DH), 2002)
- NHS Dentistry: Delivering Change - (Chief Dental Officer, July 2004)
- The NHS Improvement Plan - (DH, 2004)
- Report of the Primary Care Workforce Review - (DH, 2004)
- Creating the Future: Modernised Careers for Salaried Dentists in Primary Care (DH, 2004)
- Choosing Health - (DH, 2004)
- Standards for Better Health - (DH, 2004)
- Implementing a Scheme for Dentists with Special Interests (DwSplis) (DH, 2004)
- Creating a Patient-led NHS - (DH, 2005)
- Commissioning a Patient-led NHS - (DH, 2005)
- Choosing Better Oral Health - (DH, 2005)
- Health reform in England: update and commissioning framework - (DH, 2006)
- Effective Interventions - (NICE)
- Commissioning framework for health and well-being - (DH, 2007)
- SHA Framework to support production of local oral health strategies - (NW SHA, 2007)



In summary these national and regional documents aim to:

- Improving dental access for everyone
- Trying to reduce oral health inequalities
- Changing the way dentists work and are paid
- Engaging and involving the community in determining policy
- Developing the dental team through skill mix
- Integrating dentistry within the NHS family
- Putting people in Salford at the centre of commissioning

As well as these documents, Salford PCT has published six pledges which form the basis of a long term commitment to the public. These pledges, in addition to the national and local drivers, have helped form the oral health strategy:

Pledge 1	Protect people and help everyone enjoy longer healthier lives
Pledge 2	Provide better and more services locally
Pledge 3	Improve the quality of care
Pledge 4	Improve access to the right treatment and services
Pledge 5	More involvement of staff and people
Pledge 6	Be a well run organisation

Salford City Council pledges to **improve the health, well-being and social care of the people in Salford** - oral health is a key goal in reaching this. The Oral Health Strategy will link to the development of the Children and Young People's Health and Well-being Strategy.



3 aims of the Salford strategy

7

The aims of this strategy, over the next five years, are given below. These aims are intrinsically linked to the PCTs and City Council's goals of securing Health and Well-being for all Salford residents as well as Salford PCTs Primary Care Commissioning Strategy 2007/2008 - 2017/2018.

- Reduce the prevalence of dental decay, especially in young children
- Reduce inequalities in dental decay prevalence and uptake of services
- Ensure access to urgent, out of hours and elective care is available to all
- Provide evidence informed care according to identified need
- Promote choice by service users by ongoing consultation and engagement
- Commissioning and provision of modern, primary dental care services
- Ensure that key preventive messages and actions are delivered.

The Oral Health Strategy describes how close we are to obtaining these aims now, and what we will need to do in the future.



4 Salford's oral health needs

While research shows that oral health is steadily improving across the UK, for many young children living within Salford this improvement has not been seen.

Salford has a resident population of about 216,000 people with only about 4% coming from an ethnic minority. It is a changing city with worsening inequalities. Men and women in Salford have a lower life expectancy than others in Greater Manchester. Nearly 40% of households have no car and 36% of adults have no formal qualifications. This is the local context for the needs assessment.

Oral health needs of children and young people in Salford

- More than half of all Salford children have had experience of decay by the time they are five years old. These are some of the worst figures in the North West.

- Among those children with decay, each has had approximately 2.5 decayed, filled or missing teeth (dmft) by 5 years old and many decayed permanent teeth have not been treated.

- Just under half of all five year olds have active decay resulting in toothache, pain while eating, crying, sleeplessness and being distracted at school with resultant negative impact on educational achievement.

- 5% of 14 year olds in Salford have experienced trauma to their front teeth.

- 30-40% of children within the Salford area are likely to require orthodontic treatment to correct irregularities in the appearance of their teeth, 17% will seek such treatment.

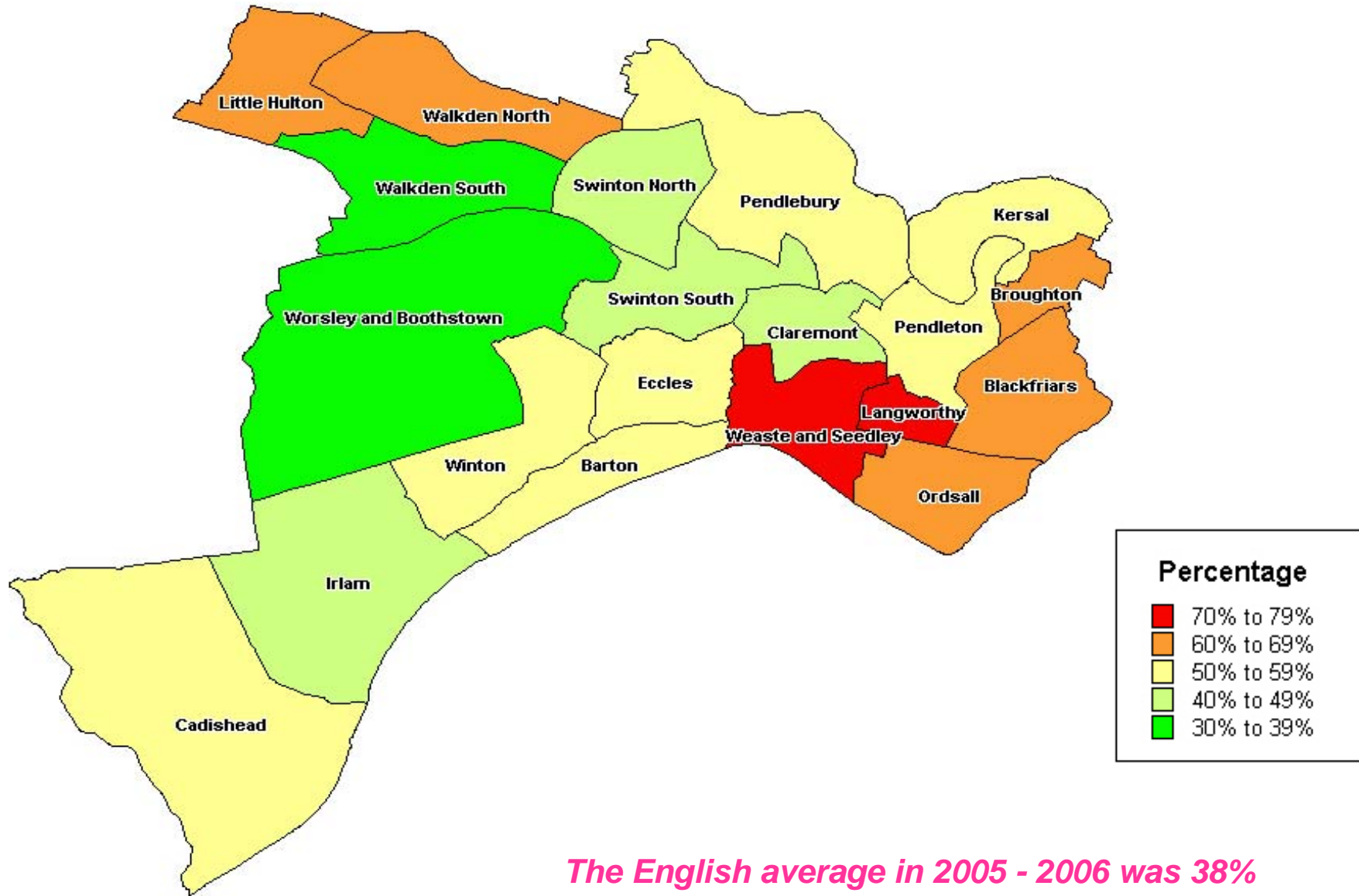
- Around 5 babies will be born in Salford each year who will require extensive treatment for cleft palate and / or lip.

- Further information is required on Looked after Children although research from around the UK suggests that they will have poorer oral health than their peers.

- Children with impairment or disability also tend to experience higher levels of disease than that found in the general population.

- Every month about **19** children in Salford need to have, on average, **8** or more teeth extracted under general anaesthesia. Many more children will have extractions undertaken using local anaesthesia in primary care settings.

Percentage of five year children with decayed teeth in Salford Wards (2005—2006)

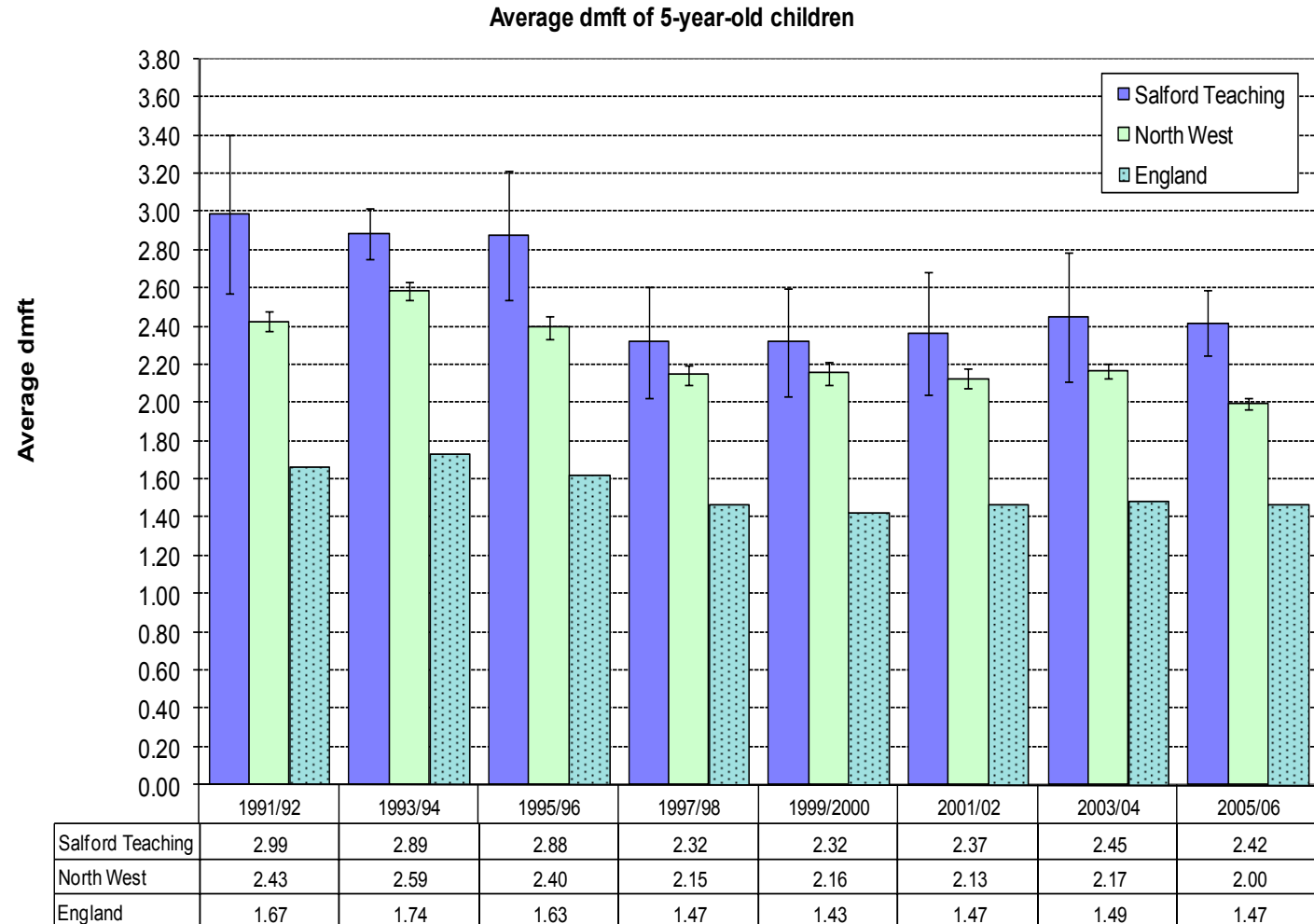


The English average in 2005 - 2006 was 38%

Changes and trends in the average dmft of 5 year old children in Salford, the North West and England

This graph represents the change that has occurred in decay experience over the last eight years. It can be seen that following an initial drop nationally, the reasons for which are not clear, the situation in Salford may be worsening.

These data are especially worrying as they are in such young children. The legacy of this dental disease, and that which will follow, will represent a significant impact on their general health and well being. Targeting preventive practice on very young children is therefore essential.





Oral health needs of adults and older people within Salford

- Oral health epidemiological studies are not generally carried out within adult populations leading to a lack of robust local data. However it is accepted that the condition of a person's teeth when they are five years old is a good predictor for their oral health in later life. The last national adult oral health survey was in 1998.
- Using synthetic analysis it is possible to determine that approximately 65% of current adults over 75 living in Salford will have lost all their teeth.
- Gum disease is a major cause of tooth loss in adults. 54% of the English population have a significant level of gum disease and the child oral health surveys suggest that this will be higher in Salford. Gum disease has been linked to systemic health including cardiovascular disease.
- As more older people retain their teeth for longer their dental needs increase. Root decay is a particular problem for this section of the community and can be difficult to treat.

○ Oral cancer has a high death rate and is linked to the following factors:

- Tobacco smoking and chewing
- Excessive alcohol intake
- Presence of premalignant lesions in the mouth
- Dietary factors

Approximately 50 Salford residents will be diagnosed with head and neck cancer each year. They often require extensive restorative dental treatment after their cancer therapy.



Oral health needs of vulnerable groups

- Vulnerable groups of society often experience poorer oral health and can have more difficulty in gaining access to oral health care services.
- Adults with impairment or disability that make diagnosis, experience or treatment of dental disease, challenging are a special group at risk. People with a mental illness tend to have fewer teeth, more untreated decay and more periodontal disease than the general population.
- Those in long term institutional care can be vulnerable. This includes older people in residential homes who are often dependant on others for their diet, personal care and access to health services.
- Another group of individuals especially at risk are prisoners. In April 2003 the Chief Dental Officer launched the “Strategy for Modernising Dental Services for Prisoners in England”. It recognises the urgent need to improve services for this group of individuals whose untreated dental disease is thought to be four times greater than the general population.
- Other adult groups at risk include those socially excluded for example through addiction (drug and alcohol), lack of educational attainment, poverty, those seeking asylum and the homeless.



What does this mean we need to do?

This need assessment underlines the requirement for a robust approach to instigating preventive services and programmes within Salford, and targeting these to younger children to ensure that they have an opportunity to secure oral health throughout their lives. We therefore need to:

- build on the effective implementation of the new dental contract and monitor performance
- place improving oral health as an integral part of the local delivery plan
- bring evidence based dental services and preventive interventions to Salford
- ensure that any local programmes are based on appropriate health needs
- ensure everyone in Salford knows the key preventive messages and actions required to secure and improve oral health.

To achieve these aims we have developed a number of key action points and strategies to implement them. These can be found later in this document.



5 existing services

Since 1st April 2006, Salford PCT has had new responsibilities and is required to work more closely with dental colleagues to deliver oral health improvements. It is envisaged that oral health improvement will become an integral part of all local services. Oral health improvement cannot be delivered by dentists and their teams alone, it will require collaboration with others in the community.

Dental services need to be responsive to the local needs of the population and be able to adapt to changing circumstances. There are two main types of dental care service operating in Salford - primary dental care and the secondary services. Salford residents can also access specialist care via a number of different routes. Salford PCT is currently commissioning the following services.

Primary Dental Care

General Dental Services (nGDS)

The majority of NHS dental services are provided by general practitioners who now operate under a new contract, known as nGDS. As of June 2007, Salford has 31 practices which are staffed by 92 dentists (not whole time equivalent (WTE)) and their teams which include therapists, hygienists, dental nurses and receptionists.

Several of the practices in Salford provide Vocational Training (VT) positions for new dentists and there is a practice that offers treatment under I.V. sedation for the adult population.

Orthodontics in Salford primary care is offered by 5 practices three of which are limited to the provision of orthodontic treatment only.

Salford introduced the new contractual arrangements with the primary care dentists in 2006. The new contract offers opportunities for innovative practice that were not possible under the old GDS system. These will be highlighted later in the strategy.

Directly Provided Services - PCT DS

Formerly known as the Community or Salaried Dental Services the Salford team comprise of 9 (not WTE) dentists and 2 (not WTE) therapists that are supported by a dental nurse team. They provide specialist clinical services in paediatric dentistry and sedation as well as offering dental care to those with disability and impairment.

The PCT-DS provide clinical services at clinics in Lance Burn Health Centre, Ordsall Health Centre, Little Hulton and Swinton Clinic, Lower Broughton and the newly established Mocha Parade. They also deliver a substantial outreach teaching programme to undergraduates from Manchester Dental School and the Greater Manchester School for Professions Complimentary to Dentistry.

Treatment for children using inhalation sedation is offered and on average 1000 episodes of care using this service are offered each year. Occasionally adults are offered this means of managing dental phobia. A children's dental extraction list is operated by Salford staff at a local hospital where approximately 1600 extractions are conducted each year. An intravenous sedation service for adults is also offered.

The service provides a public health function in the collection of epidemiological data and, working with the National Oral Health Unit, undertakes clinical research in primary dental care.

Ordsall Advanced Restorative Dentistry Service

A model for the future provision of specialist services, the Ordsall project enables general dental practitioners to provide advanced restorative care under the supervision of a Consultant in Restorative Dentistry. The scheme sees GDPs offering enhanced services in an area of great need while building capacity and skills mix in primary dental care. The service offers triage and treatment and hence is a model of a Clinical Assessment and Treatment Service (CATS) scheme with Dentists with a Special Interest (DwSpl) development included. Development of this pilot scheme is a key priority, described later in the document.

Hospital Dental Services

Hope Hospital offers Consultant led services in both Oral and Maxillofacial Surgery and Orthodontics. These services receive around 1700 referrals each year.

The Manchester Dental Hospital provides a limited referral service for Restorative dentistry, Oral medicine and Oral surgery.

Booth Hall

Offers provision of a general anaesthetic service for children with complex anaesthetic or extraction needs.

In hours unscheduled care

The primary care dental practices and the Manchester Dental Hospital access service provide much of the in hours unscheduled care. With the introduction of the new GDS

contract it was hoped that more practices would see and treat patients in pain who were not previously on their lists. However, such patients are still experiencing difficulties in accessing dental services.

Out of hours care (OOH Care)

The PCT has a responsibility to ensure an adequate level of OOH urgent care is made available. The Out of Hours service operates between 6:00pm and 10:00pm each weekday and 10:00am – 10:00pm weekends and bank holidays. This is accessed via a telephone service that offers triage and advice. Appointments for treatment are made for those requiring them.

Oral Health Improvement Team (OHIT)

Salford PCT sees tackling inequalities in health as a major role. In line with best practice and Choosing Better Oral Health the OHI team were integrated within the Public Health Team. This decision was designed to ensure that oral health promotion is firmly linked with other health promotion activities to ensure a holistic approach. The individuals working in the OHIT are key to delivering some of the new targets within this strategy.

Other Commissions

The Greater Manchester School for Professions Complimentary to Dentistry is commissioned by the North West Deanery's SHA DCP Workforce lead and is hosted by Salford PCT. The school is located at St. James House, Salford Precinct. It provides a joint diploma in dental hygiene and therapy. 10 students per year take part in this 27 month course.

What needs to change?

There is a need to improve access and reduce the inequalities in uptake of care across all age groups. Existing services need to be re-orientated from repair to prevention and specialist services need to be closer to home.

6 a vision for Salford

This plan proposes a vision to improve oral health in Salford and for the development of dental services that will be needs and patient led, accessible, evidence based and preventatively orientated. **The plan will be delivered by a dental team with the right mix of skills and to defined standards aiming to reduce decay component of dmft in five year olds to the current regional average within five years.**

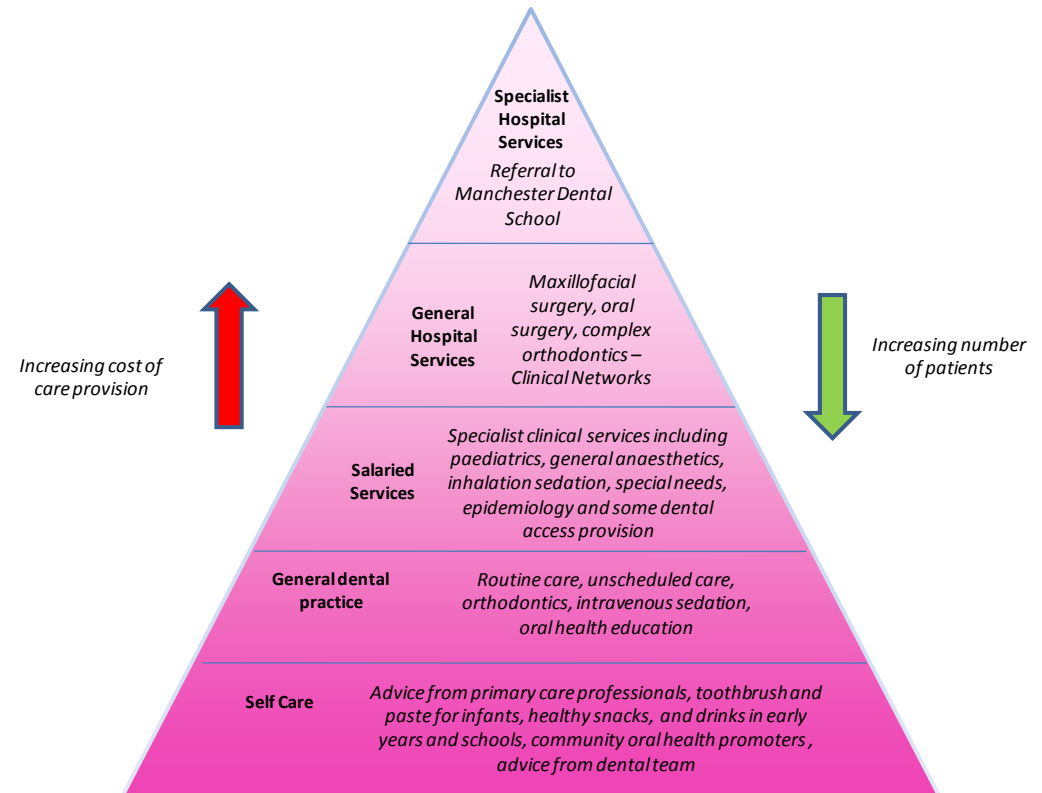
Key Delivery Issues & the Framework for Delivery

- **Self care** - A range of measures that individuals can follow at home to protect and improve their oral health. These are listed on the back page of this document.
- **Primary Dental Care provision** - A key aim of the strategic plan is to secure and develop a preventive focus within NHS primary dentistry that is now fully established within the new contract. This will be achieved by close working relationships with general dental practitioners in the area.

○ **Unscheduled Care** - Out of hours unscheduled care is accessed via a telephone triage system. In hours unscheduled services are provided by the primary dental practices and the access service (Manchester Dental Hospital).

○ **Hard to reach & vulnerable groups** - working with primary care (GDS and PCT-DS) to use a rigorous commissioning approach to develop services for those who are house bound, have special needs or for whom there are barriers to care.

○ **Specialist services** - innovative systems for the delivery of specialist care via the use of care pathways, referral guidelines and triage. These services should include a full range of sedation choices for nervous adults and children.





2004 December 2004						
Mon	Tue	Wed	Thu	Fri	Sat	Sun
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Instrument tray containing various dental tools, including a handpiece and other instruments, organized in a tray labeled "RCT".

Hand sanitizer dispenser and paper towel dispenser mounted on the wall.

Several informational posters and notices pinned to the wall, including one titled "HYGIENE FOR YOUR PATIENTS".

Box of Bodyguard disinfectant spray.

Box of Bodyguard disinfectant spray on the counter.

Dental sink with various cleaning supplies and a pink cup on the counter.

Dental instrument tray containing various tools.

Large dental monitor or X-ray machine on the right side of the room.

○ **CATS / DwSpl** - Given the success of the restorative pilot study this model can be rolled out to include dento-alveolar surgery, orthodontics or any other area of specialist need. Clinical networks led by Consultants in multi-surgery centres can not only provide essential specialist services but can also help increase skill mix and capacity within the Salford dental primary care workforce.

○ **Prevention & Partners** - The dental disease process is understood, effective prevention is a realistic goal and would contribute to wider public health and social inclusion. To this end, this strategy suggests identifying partners and joining forces to call for concerted pan Salford action between now and 2012 to address the pressing problem of poor child oral health. This could make a difference to the percentage of children reaching school in 2012 decay free and as a direct consequence improve their health and well being in future years.

○ **Focussing on What Works** - A focus on groups most at risk from dental caries, e.g. 0-5s in deprived areas. A focus on what works – e.g. distribution of fluoride toothpaste for infants. Support and training for the primary dental care team in developing their role in evidence based prevention in primary dental care. For example applying fluoride varnish twice yearly to children who experience or are at risk from decay. Developing training for extended duty dental nurses

○ **Directly Provided Services - PCT-DS** - Changes in the way that PCTs are organised (the provider function being separated from the commissioning function) offers new opportunities for the PCT DS to develop to meet needs. A

current review of salaried services is being undertaken across the North West and Salford PCT will consider any recommendations made. The service will build on its strengths as a specialist care provider working within a defined service specification.

○ **Water fluoridation in Greater Manchester** - Fluoridation of drinking water is widely used in the UK, for example in areas of the Midlands and the North East. In these areas and in many countries across the world it has been shown to be highly effective in preventing tooth decay. Adjustment of the level of fluoride in the water to improve dental health has a 60 year history and there is no evidence to show that it is harmful to human health.

It is important to determine if this public health intervention is technically feasible and affordable to provide for the population of Salford. The technical issues are about how water flows into the Salford area and where it comes from. Because the water supply in Salford is linked to that of neighbouring areas all the North West PCTs with the Strategic Health Authority (SHA) are examining the feasibility of water fluoridation.

A group is working on all the technical issues and they are likely to report at the end of 2007 or early in 2008. This report will be sent to the board of Salford PCT for their consideration and will be shared with Salford City Council.

7 the 13 priorities for action - 2012

The following are the areas we would like to concentrate on for the next five years.

1. Concentrate our oral health promotion activities on young children of under five years and link into centres that provide services to this group and their families. We would aim to provide this to all under fives and their families
2. Identify and help individuals who still cannot gain access to dental services by monitoring calls to PALS and customer care
3. Ensure that no one in Salford endures chronic dental pain and that those experiencing pain are seen within the current national target time of 72 hours
4. Target evidence based treatments that can prevent dental decay at those who need them most
5. Ensure that patients lead the developments in the dental services that Salford PCT provides by engaging service users
6. Develop the services that we provide to individuals with impairment or disability so that they are responsive to identified need, in particular access to unscheduled care and will be measured through patient satisfaction surveys
7. Building on the strengths of current oral health promotion and linking these messages to general health and well being so that oral health improves and contributes to overall health improvement
8. Building community capacity to promote oral health through

training and development of members of the community to lead oral health promotion efforts so that self care messages are understood and reinforced by all

9. Utilising the provision in the new general dental services contract to commission services that are preventive in nature. Such service re-design could help reduce the burden of treatment for Salford residents and a robust evaluation will help us assess the impact of this new approach
10. Develop the provision of dental specialists within the Salford primary dental care community so that care is delivered closer to home. Where appropriate care will be moved out of a hospital setting
11. Improve the quality of what and where dental care is delivered and monitoring of performance for both primary and specialist services
12. Ensure an in hours service exists for all adults and children so that by 2012 all Salford residents are able to see an appropriate member of the dental team providing focussed NHS dental care and / or advice within five working days
13. Integrate the NHS IT systems into the primary dental care services within Salford by 2012

We will develop and establish a performance monitoring framework for oral health and dentistry by 2009 that will enable the public and statutory organisations to determine whether these priorities have been achieved.

8 delivering the priorities

Salford PCT has a number of initiatives that will deliver the actions described on the previous page. Here are some of them in more detail.

Children's Settings and Prevention

Actions: 1, 2, 4, 5, 6, 7, 8; Salford PCT Pledges: 1, 2, 3, 4, 5

Places where children access education, health or social care are key target areas for delivering oral health promotion. Key personnel within these settings will be trained and resourced to deliver consistently the key oral health improvement and protection messages (see back cover). For example each Children's Centre will have regular visits by an extended duty dental nurse who will be able to provide more advice to those parent's requiring it and also provide preventative treatments to high risk children - such as the application of fluoride varnishes. The extended duty nurses will also be able to refer children to see a dentist should it be required. In order to facilitate access, each Children's Centre will have a buddy dental practice that will accept such referrals. This programme is an excellent example of using resources to target evidence based treatments at those individuals who need it most.

Primary Care Dental Services - Re-design for increasing access and prevention

Actions: 1, 2, 3, 8; Salford PCT Pledges: 1, 2, 3, 4, 5

The introduction of the new dental contract offers the possibility of new commissioning opportunities for the PCT. In Salford we want to use this opportunity to bring evidence based preventive measures to where they are needed most; to young children in primary dental care. Salford PCT has worked extensively at a national and local level on service redesign systems for primary dental care. By incorporating a risk assessment with allied prevention care pathways we aim to reduce the incidence of tooth decay and hence the number of children and adults in pain requiring fillings or treatment for periodontal disease. As described previously, the condition of the teeth at five years old is a good indicator of future oral health so this is a programme whose benefits will extend into adulthood.

Expand Dentists with a Specialist Interest (DwSpl)

Actions: 3, 5, 8, 9, 10, 12, 13; Salford PCT Pledges: 1, 2, 3, 4, 5, 6

Following the success of the Ordsall Restorative project which has brought specialist services closer to the Salford people the PCT would like to develop this method of delivery further. We would aim to provide local access for residents to minor oral surgery, orthodontics and trauma delivered by primary care dentists under the supervision of specialists. As well as improving access this model also trains dentists and their teams in new skills and builds capacity in primary care for the future.

Development of oral health improvement, access and quality of care in primary care dental services.

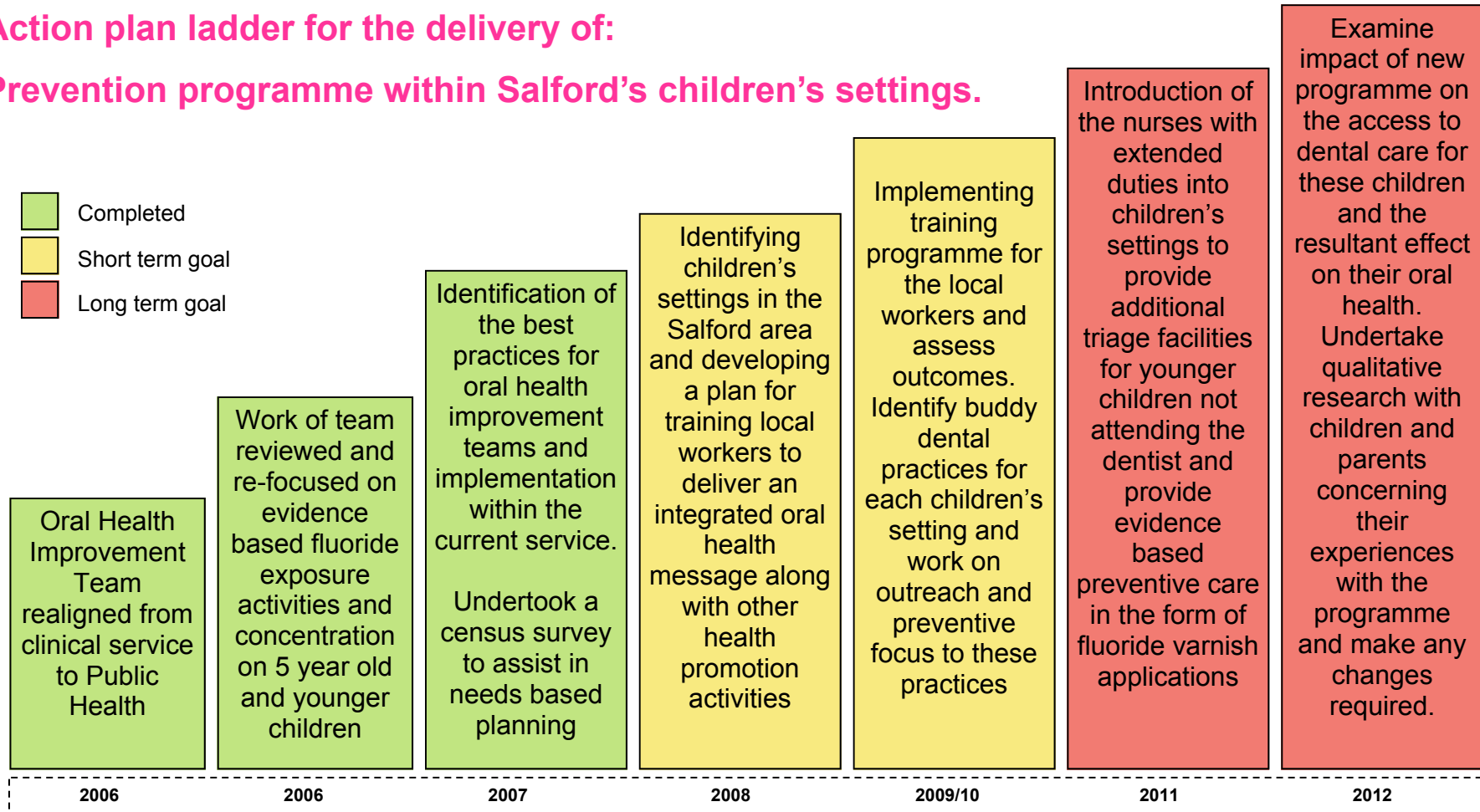
Actions: 1 to 13; Salford PCT Pledges: 1, 2, 3, 4, 5, 6

From the approval of the original Oral Health Strategy and Needs Assessment in 2005 Salford PCT has been committed to developing access and quality in the dental services directly provided and commissioned via the new contract. The PCT has developed local policies on infection control and has provided training in this important area. A clinical governance framework has been designed and distributed to all dentists in Salford. Work in the future includes a review of the directly provided services (PCT-DS) and we would like to increase the number of dental practices that offer Vocational Training places to new dentists, as well as be among the first to offer such places to recently graduated dental therapists. We take training seriously and believe that the whole dental team benefits from this and therefore we would like to establish enhanced training practices which offer opportunities for all members of the dental team. These practices would be involved for training the extended duty dental nurses who are key to delivering our prevention programmes. Throughout all these developments a key task for the PCT is to ensure that lay members of the public are involved in the strategy and implementation; for example by joining the Practice Visit Scheme.

9 action plan ladders

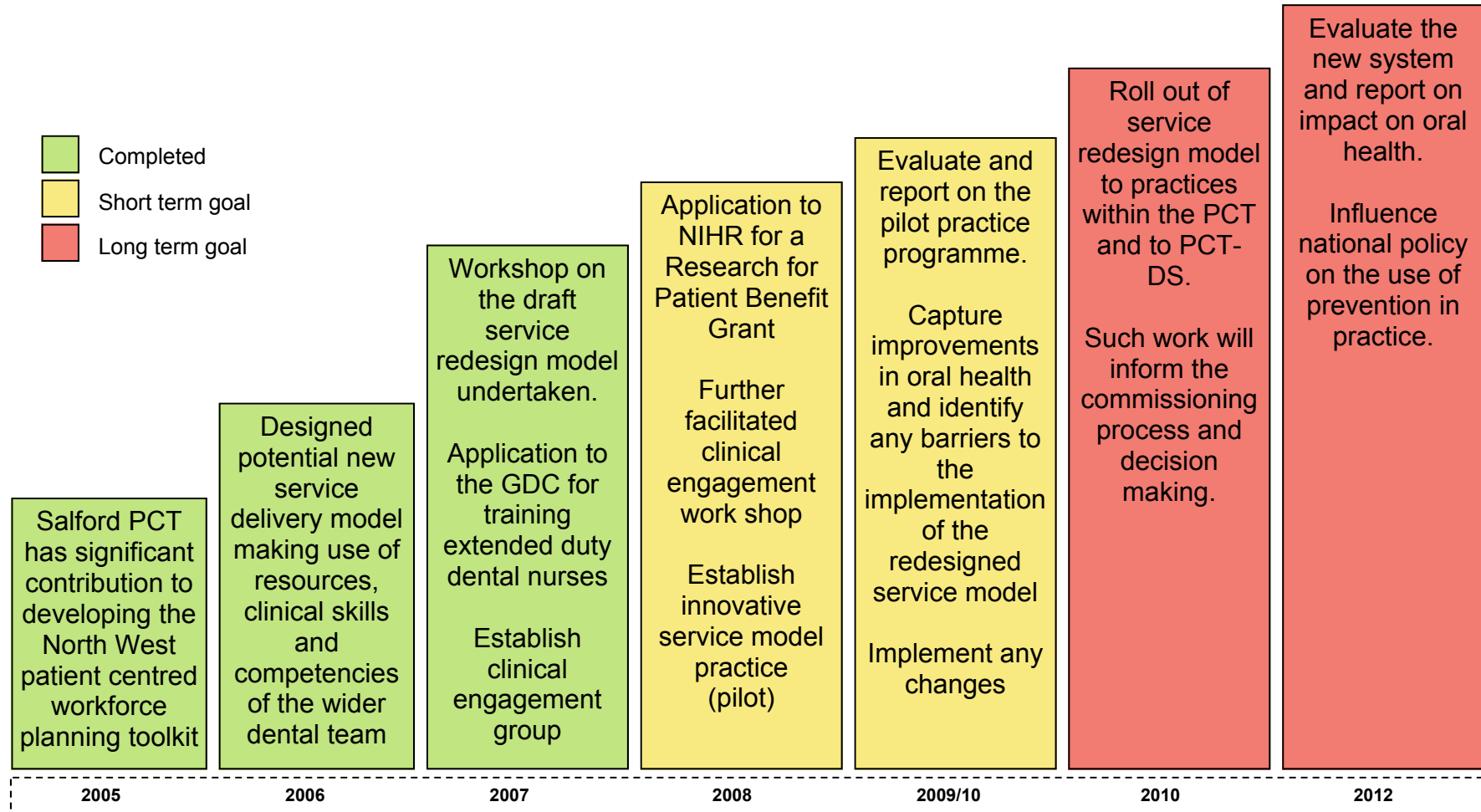
The following pages outline the action plans to develop the initiatives described in section 8. They represent a strategic ladder, covering what we have achieved to date and what work is still to be done.

Action plan ladder for the delivery of: Prevention programme within Salford's children's settings.



Action plan ladder for the delivery of:

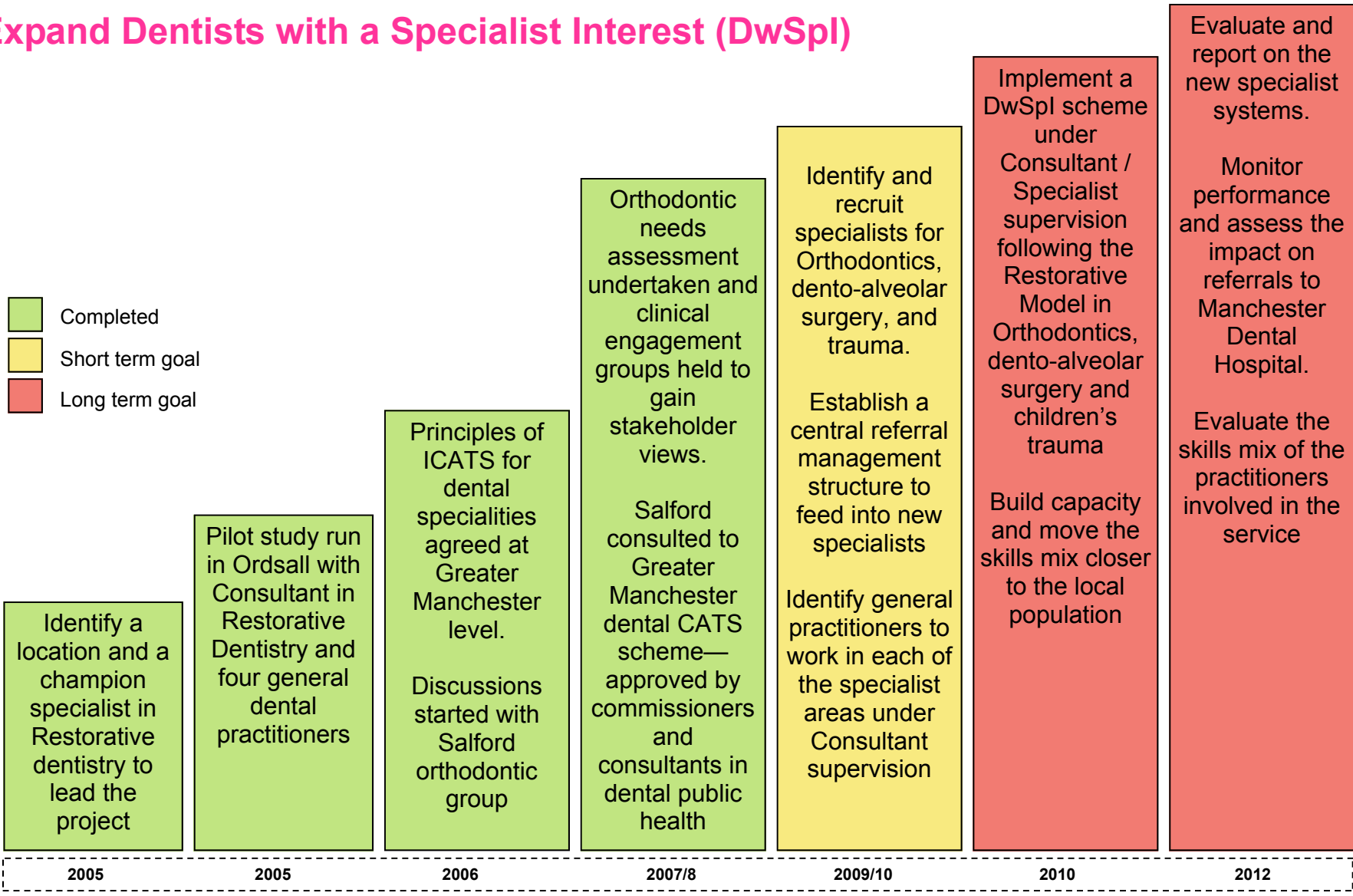
Primary Care Dental Services - Redesign for increasing access and prevention



Action plan ladder for the delivery of:

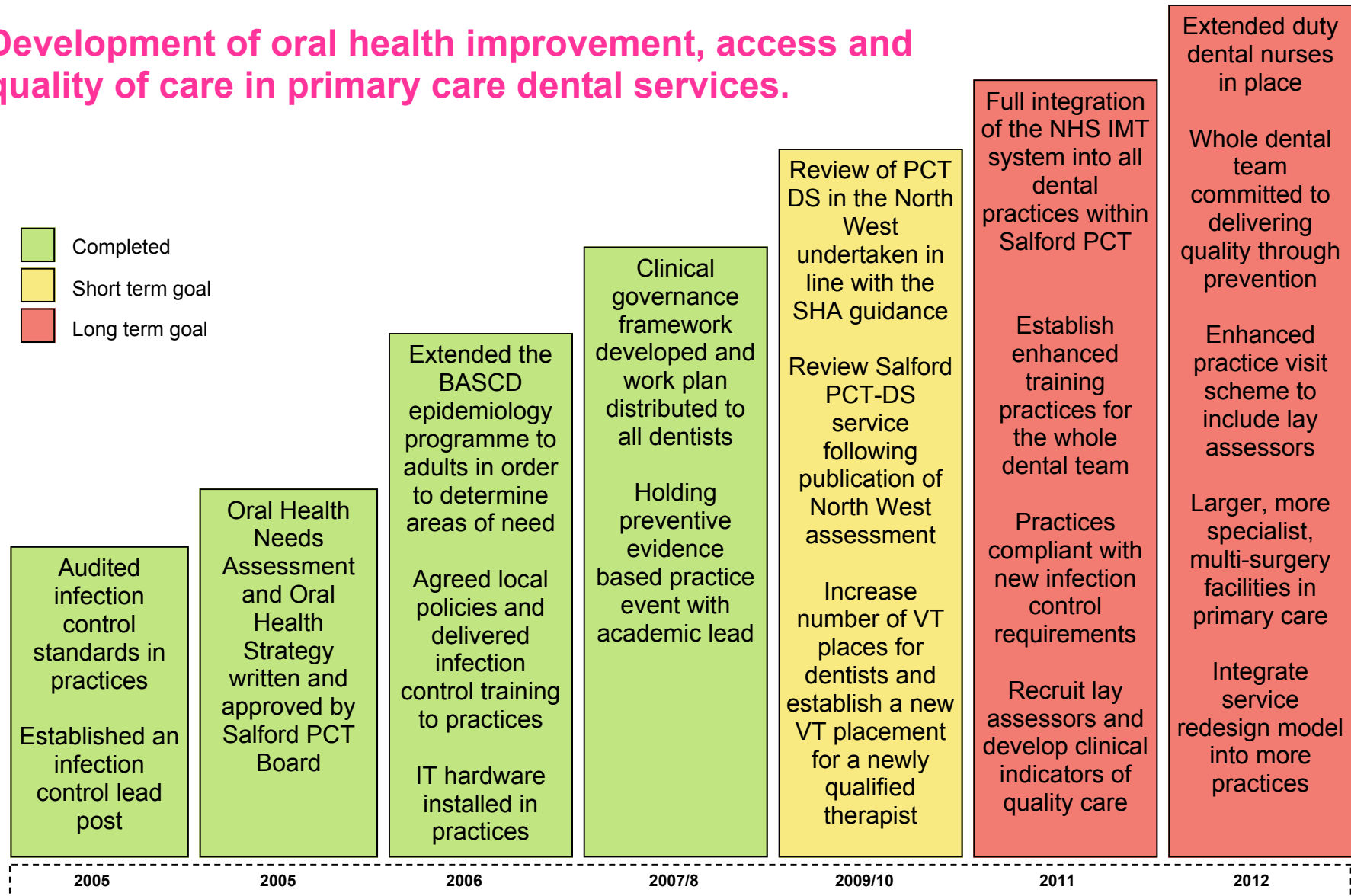
Expand Dentists with a Specialist Interest (DwSpl)

- Completed
- Short term goal
- Long term goal



Action plan ladder for the delivery of:

Development of oral health improvement, access and quality of care in primary care dental services.



10 funding implications

It is important that we consider how the Oral Health Strategy will be delivered within the funding available for dentistry and by existing children's public health practitioners (e.g. health visitors, teachers and nursery nurses). Self care will be promoted by training and redesign of existing commissioned community services and in partnership. Primary dental care will operate within the contract values currently available with a shift to focus on what works. This ties in with service re-design and the incorporation of preventive programmes within this branch of dentistry. The PCT-DS will continue to operate within the contract value to the current service specification and again will focus on those activities for which there is a strong evidence base and directed at vulnerable groups.

Business cases will be developed to support a commissioning strategy that moves specialist services closer to the local community (so called "Dentist's with a Special Interest", DwSpl). It is anticipated that this will be funded by a transfer of funds from existing resources but it is possible that new funds to pump prime these initiatives may be required. Such programmes are good examples of investing to save. Providing specialist care in primary care settings not only reduces costs, but improves access for local people.

Following the SHA's review of water fluoridation, and depending on the outcome of Salford PCT's assessment of this review, further resources may be required should there be a decision to implement this public health measure. However the introduction of water fluoridation would be expected to reduce costs in the long term.

Dental commissioning budget for 2006 / 2007

			£000's
PRIMARY CARE			
	<i>PDS / GDS</i>		
		Gross contact value	13,354
		Patient charge revenue	-2,761
		Net contract value	10,593
	<i>PCT-DS</i>	Staff and non-pay budget	680
		Oral Health Improvement	32
		Subtotal for Primary Care	11,305
SECONDARY CARE			
	Oral Surgery & Orthodontics	Day Care Elective	779
		Non-elective	95
		Out-patient	924
		Subtotal for Secondary Care	1,798
TOTAL			13,103

1 1 summary statement

Oral health is central to healthy living and a key marker of the health of a community. The key findings of the Oral Health Needs Assessment undertaken in 2005 were the prevalence of decay in pre-school children, the percentage of 5 year olds with obvious decay and the inequalities in disease experience and uptake of services across all age groups. Dental disease processes are understood; effective prevention is a realistic goal and would contribute to the wider public health. It is important that everyone in Salford is made aware of the key preventive messages and that they are delivered consistently by all.

This Oral Health Strategy builds on the previous document and outlines key priorities and action required to deliver better oral health for the people of Salford. Its focus is the introduction of evidence based preventive strategies within primary dental care delivered by the whole dental team working collaboratively with others in Salford and underpinned by self-care.

12 consultation & acknowledgements

This document has been developed in consultation with key stakeholders. These include:

- Salford Clinical Engagement Group
- Salford Local Dental Committee
- Salford Children's Strategic Partnership Board
- Salford PEC
- Salford PCT
- Salford PCT-DS

Salford PCT would like acknowledge and thank for inspiration on format *Tower Hamlets* and *Oldham PCTs*, and for use of images, the *University of Manchester*.

Further copies of this document can be downloaded from the Salford PCT website:
<http://www.salford-pct.nhs.uk/>



Key preventative messages to improve oral health

In addition to advocating a healthy lifestyle

1. Reduce the amount of sugars consumed in food and drink - and reduce the number of time you eat/drink these
2. Make sure feeding bottles are stopped at 12 months
3. Brush teeth and gums effectively twice daily, especially before bed time using a family fluoride toothpaste*
4. Supervise young children when they brush their teeth
5. Use sugar free medicines where possible
6. Visit a dentist on a regular basis for advice and treatment to prevent oral problems

**Children's toothpastes do not offer maximum protection against decay.*

Salford City Council

Salford Primary Care Trust

St James's House, Pendleton Way, Salford. M6 5FW.

Copies of this information are available in other languages and formats upon request

Salford 

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