

Manchester - A community model using dental practices to deliver the NHS Health Check

Reaching deprived communities through dental services

The ambition

To increase the uptake of the NHS Health Check programme in deprived communities.

The background

Manchester has had success delivering the NHS Health Check using the Manchester First Stop Health Bus. Other methods of delivery were also needed to boost uptake and target populations.

The idea of expanding the community delivery model to include dental practices evolved during Public Health team meetings, which included leads from the dental health team. The problem of NHS Health Check uptake and the high numbers of people with diabetes being identified through the programme suggested to the dental health leads that an important link had previously been missed – the link between gum disease and diabetes. The research was studied in more detail and showed that not only was there a link between gum disease and diabetes - dental patients were also happy to undergo other clinical procedures alongside normal dental appointments. In addition, it was observed that people were likely to visit the dentist several times a year irrespective of their physical health. It became apparent that delivering the NHS Health Check in dental surgeries could not only work but could also reach an eligible population that wouldn't necessarily visit a GP.

Links were made between the NHS Health Check lead and Archway Dental Practice, a dental practice located in one of the most deprived areas of Manchester where access to services was already challenging.



The area of Manchester served by the dental practice has an extremely high rate of cardiovascular disease, with poor outcomes.

The local demographic is largely Afro Caribbean and Somalian. The dental practice provided a practical alternative venue with flexible opening hours located at the heart of amenities used by the target population. It was also a teaching dental practice with a large staff base, and with links to Manchester University.

How it worked

A number of logistical, professional and practical issues needed to be addressed before it was possible to begin offering the NHS Health Check within the dental surgery. The process of making the model work was a slow one, taking over a year, but this in fact made it easier to resolve the practical issues.

**NHS
HEALTH
CHECK**

Helping you prevent

diabetes

heart disease

kidney disease

stroke & diabetes

NHS

In association with

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Contracts

A service specification and a letter of intent from Manchester City Council was prepared to help overcome the problem of setting up a contract during the transition of Public Health from the PCT to the Local Authority. The service specification set out clear accountability, clinical competency and clinical patient outcomes for delivery. A Manchester City Council dental contract came into effect from 1 April 2014 and extended the roll out of this model to North Manchester, which has even poorer CVD outcomes.

Training

It became apparent that the Public Health team would be working with a completely different skill set from clinicians in primary care. Training was initially a huge challenge and a fully trained core team was essential to run the programme effectively.

Training consisted of four full day sessions on basic CVD theory and four full day sessions on motivational interviewing, with the rest of the training time focused on practical point of care testing (POCT) training.

Quality assurance and POCT

It was necessary to ensure that the room in which the check took place was set up correctly, with the right POCT equipment, and with robust Public Health England (PHE) defined quality controls in place. The dental practice had to be assessed by the infection control lead, and the indemnity insurance for all staff properly checked.

Appointments and referrals

NHS Health Checks currently take place opportunistically. Eligible patients are identified before arrival and asked if they would like an NHS Health Check when they report to reception. This is then delivered within the dental treatment room after the dental appointment, with very little disruption. Patients are then referred as appropriate for clinical interventions or to the Manchester health trainer service.

IT and data transfer

Because the programme is delivered opportunistically, the dental team do not have access to the patient's medical history. A web based template was commissioned that sits on the dental practice system and is used to record the results of the check; Public Health Manchester have access to this system. A print out of the results is sent to the GP with a covering letter from the dental lead asking that the data be added to the patient record. The necessary READ codes are also included so all the GP needs to do is enter the data.

Budget and resources

- Funding for delivery is taken from the NHS Health Check budget allocation, including provision of training and POCT equipment; in the 2013/14 financial year 2 POCT machines were used to support a one stop shop approach.
- The dental practice pays for everything, including the POCT equipment, and then claims the money back.
- GP practices are paid £5 per person to enter results on to the GP system.

- Existing staff within the dental practice with the right skill mix were chosen to form the core team required to deliver the NHS Health Check programme
- Existing Public Health team resources were used for the project, with staff allocated according to skill set

Evaluation and outcomes

Delivery of the NHS Health Check within the dental practice began at the start of January 2014, so it is too early to measure outcomes or savings. The dental practice is linked to Manchester University and a research application has been submitted, the results of which will be known at the end of February 2014. If successful, formal evaluation will take place over a two year period to underpin the dental practice model of delivery. PHE Local Area Team was particularly interested to hear about the motivational interviewing training the dental teams received as this is adding value to the dental preventive advice. PHE LAT has identified a special trainee registrar who will contact stakeholders to capture the learning.

Moving forward

The next phase of delivery using the dental practice model began in April 2014. It is necessary to engage more dental practices with delivery of the NHS Health Check programme and to begin inviting patients who do not already have a dental appointment booked. A fit for purpose appointment system is being developed to support this. Dental practices will then be asked to support the community model by either delivering the NHS Health Check or becoming the alternative provider of access to the service for GP practices not delivering NHS Health Checks.

Contact

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