

Meeting: Primary Care Commissioning Committee			
Meeting Date	28 November 2018	Action	Receive
Item No.	7	Confidential	No
Title	Primary Care Performance Report		
Presented By	Ann Gough, Senior Primary Care Manager (GP Team), NHS England		
Author	Sara Roscoe Interim Deputy Director of Commissioning (Primary Care), NHS England		
Clinical Lead	-		

Executive Summary
<p>Please see attached Greater Manchester Health and Social Care Performance & Delivery Board Paper submitted for information.</p> <p>Primary care contracts contribute significantly to quality and improvement of outcomes for the population of Greater Manchester. This report presents key datasets which indicate performance and quality in the following areas:</p> <ul style="list-style-type: none"> • Community Pharmacy Services. • General Medical Services, including CQC and QOF performance • General Optometric services – progress on the Quality in Optometry assurance programme. • Dental access, patient access, satisfaction and prevention.
Recommendations
<p>It is recommended that the Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Note the contents of the report.

Links to CCG Strategic Objectives	
To encourage people so that they want to, and do, take responsibility for their own health and well-being.	<input type="checkbox"/>
To drive and support system wide transformation.	<input checked="" type="checkbox"/>
To commission joined-up health and social care for people in Bury through a Single Commissioning Framework.	<input checked="" type="checkbox"/>
To achieve financial sustainability for the Bury health and social care economy.	<input type="checkbox"/>
To support the Locality Care Alliance to deliver high quality services in line with commissioner intentions.	<input type="checkbox"/>

To be a high-performing, well-run and respected organisation with an empowered workforce	<input checked="" type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF <i>[Insert Risk Number and Detail Here]</i>	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
< <i>If you have ticked yes</i> , Insert details of the people you have worked with or consulted during the process : Finance (insert job title) Commissioning (insert job title) Contracting (insert job title) Medicines Optimisation (insert job title) Clinical leads (insert job title) Quality (insert job title) Safeguarding (insert job title) Other (insert job title)>						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
<i>If you have ticked yes provide details here. Delete this text if you have ticked No or N/A</i>						
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

If you have ticked yes provide details here. If you are unsure seek advice from Lynne Byers, Email - lynnebyers@nhs.net about the risk register.

Governance and Reporting		
Meeting	Date	Outcome
Greater Manchester Health and Social Care Partnership Performance and Delivery Board	24/10/2018	

Greater Manchester Health and Social Care Partnership

Performance and Delivery Board

3a

Date: 24 October 2018

Subject: Primary Care Performance and Outcomes

Report of: Sara Roscoe Interim Deputy Director of Commissioning (Primary Care)

PURPOSE OF REPORT:

Primary care contracts contribute significantly to quality and improvement of outcomes for the population of Greater Manchester. This report presents key datasets to the Board which indicate performance and quality in the following areas:

- Community Pharmacy Services.
- General Medical Services, including CQC and QOF performance
- General Optometric services – progress on the Quality in Optometry assurance programme.
- Dental access, patient access, satisfaction and prevention

RECOMMENDATIONS:

The Performance & Delivery Board is asked to:

- Note the contents of the report, particularly focusing on performance management and support for improvement.

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1.0 BACKGROUND

Every day members of the public access primary care service from almost 2,000 points of service across Greater Manchester. The following provides a report on performance and quality assurance of the delivery of these services.

2.0 COMMUNITY PHARMACY SERVICES

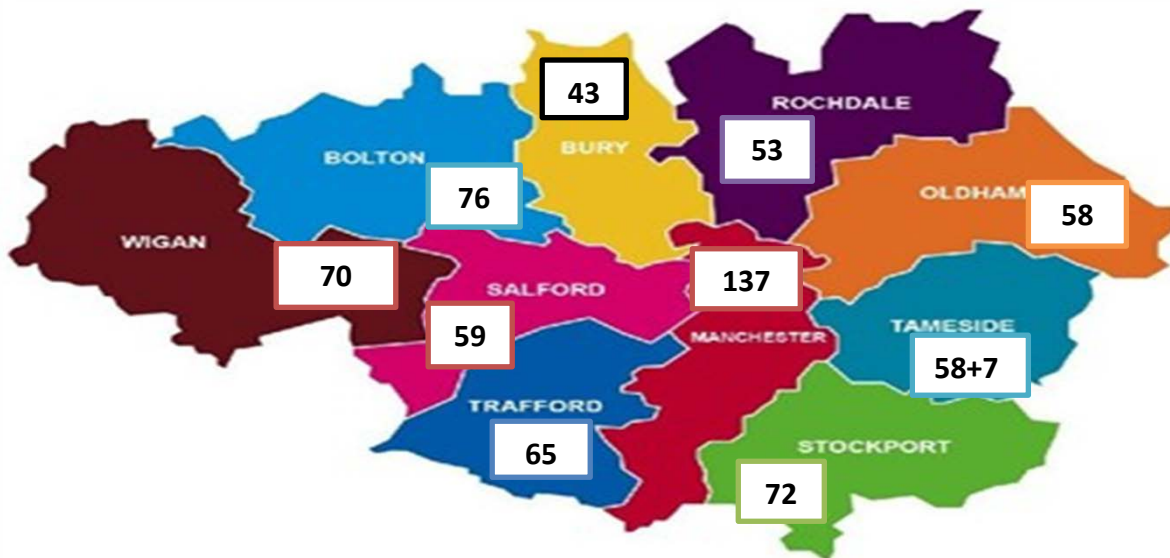
2.1 Contractor numbers

The number of community pharmacies within Greater Manchester is circa 700. The number of pharmacies opening and closing over the last 6-12 months has fluctuated as the revised funding settlement takes effect and we have seen 12 pharmacy openings and 15 pharmacy closures in the last year.

Across Greater Manchester approximately 81,000 people visit a community pharmacy every day. Alongside other clinical services and health population support, our pharmacies dispense over 60 million medicines per annum.

The distribution of community pharmacy provision across GM localities is depicted below and highlights the distribution of community pharmacies:

Figure 1: Distribution of Community Pharmacy provision across Greater Manchester



Greater Manchester continues to have above the national average of contractors, with approximately 26 pharmacies per 100,000 population compared to the national England average of 21 and the North of England 24. Therefore, GM patients still have above average access to community pharmacy compared with the rest of England.

A key requirement of the performance management arrangements is for community pharmacies to complete the Community Pharmacy Assurance Framework (CPAF). This provides a level of assurance for good quality provision of services for patients across GM.

2.2. Community pharmacy Assurance Framework (CPAF)

The Community Pharmacy Assurance Framework is the annually undertaken contract assurance process for pharmacies. Pharmacies initially self-assess their compliance against their Terms of Service and the submissions are collated by the NHS Business Services Authority (NHSBSA) and then submitted to the primary care pharmacy team at the Partnership for review.

The team conducts a series of visits with a sample of pharmacies to validate the self-assessed assurance declarations. This includes a number of pharmacies who have scored highly and have excelled in their contractual requirements to facilitate good practice sharing. The team then determines which pharmacies require a full contract assurance visit. Reports are generated with action plans and monitored accordingly. Pharmacies identified are required to complete a full contract monitoring self-assessment questionnaire and the responses are collated by the NHSBSA.

The team completes a full contract monitoring visit for contractors who do not complete the CPAF surveys, to provide assurance of essential service delivery.

The team also conducts contract monitoring visits where they have reports or concerns relating to service delivery; for example these may be initiated from outcomes of the Professional Advisory Group considerations or patient / health professional complaints.

Remedial/breach notices are issued where contractual breaches take place, and implement appropriate plans to minimize the risk of breaches occurring in future. Progress with CPAF for this year is outlined below:

For 2018 there was a 100% return of Greater Manchester pharmacies' CPAF self-assessment declarations to the NHSBSA compared to 97% in 2017. The team has identified which pharmacies will be visited to validate the declarations; this includes pharmacies where service delivery concerns or issues have been raised with the team. Visits will take place during October and November 2018.

2.3 Patient Satisfaction

Under the Terms of Service, community pharmacies are required to complete a patient satisfaction survey on an annual basis and to display the results of this survey within their pharmacy premises. In the case of distance selling pharmacies, they are to display this information on their websites.

With the introduction of the national Quality Payment Scheme as part of the 2016-18 community pharmacy funding settlement one of the quality criteria was for pharmacies to publish their latest survey results on their NHS choices profile. This enables patients to virtually access reported satisfaction and other patient views of those services delivered. Across Greater Manchester over 97% of pharmacies met this quality criterion. Pharmacies that did not meet the requirement were not paid for this part of the Quality Payment Scheme.

Contractors are supported and encourage in improving quality of care and services to patients by the work of the contracting team with the GM Local Pharmacy Network (LPN), Local Pharmaceutical Committees (LPCs) and Pharmacy Advisory Group (PhAG).

2.4. New Urgent Medicines Supply Advance Service (NUMSAS)

NUMSAS is a pilot, national advanced pharmacy service, introduced as part of the 2016-18 community pharmacy funding settlement. It was initially commissioned to run until April 2018; however it has been extended until the end of March 2019.

The service rolls out commenced on 13th July 2017 and there are currently over 70 pharmacies actively providing this service across Greater Manchester. Every locality is covered by the service; with many of pharmacies delivering the service being accessible over weekends and evenings. Further work is continuing to encourage uptake and it is envisaged over 100 pharmacies will delivering the service before Christmas 2018.

The service is delivered via referral to pharmacy from NHS 111 for patients who have a need for an urgent supply of a regular repeat medication; outside of usual GP practice hours. If the pharmacy cannot provide the medication required the patient is referred to another pharmacy with confirmed stock availability or if clinically required an appointment is made a suitable GP out of hours service. This supports GM's out of hospital agenda to provide services for patients in the most appropriate settings.

Since the NUMSAS has been initiated across GM pharmacies have delivered **over 8000 patient consultations** that would have otherwise resulted in an attendance at an urgent or emergency care setting.

3.0 PRIMARY MEDICAL CARE SERVICES

3.1. Contractor numbers

There are currently 459 general medical practice contracts across Greater Manchester. There are no significant gaps in provision at present, although overall numbers of practices continue to reduce as a result of mergers and strong contractual intervention (e.g. CQC inspection) which has resulted in a number of terminations due to poor quality and performance.

Under governance arrangements, GP contractual matters are highlighted under formally constituted Primary Care Commissioning Committees established in each of the 10 CCGs.

The GP team continue to work closely with any practices that receive an Inadequate CQC rating and as part of the continuous improvement programme it is intended to extend the offer of a focussed support package to any practice with a rating of Requires Improvement to ensure that they are best placed for a positive rating on re-inspection.

Table 1: CQC Inspection and compliance position for General Medical Services:

September 2018 - Greater Manchester CCGs	IA	RI	GO	OU	NR
NHS Bolton CCG	0.0%	0.0%	93.6%	6.4%	0.0%
NHS Bury CCG	0.0%	6.9%	89.7%	3.4%	9.4%
NHS Heywood, Middleton and Rochdale CCG	0.0%	0.0%	93.9%	6.1%	13.2%
NHS Manchester CCG	1.2%	2.4%	91.5%	4.9%	15.5%
NHS Oldham CCG	5.0%	5.0%	85.0%	5.0%	7.0%
NHS Salford CCG	0.0%	6.7%	88.9%	4.4%	10.0%
NHS Stockport CCG	0.0%	0.0%	94.6%	5.4%	2.6%
NHS Tameside and Glossop CCG	0.0%	0.0%	91.9%	8.1%	2.6%

NHS Trafford CCG	0.0%	3.1%	90.6%	6.3%	0.0%
NHS Wigan Borough CCG	0.0%	3.6%	92.9%	3.6%	26.3%
Greater Manchester	0.7%	2.7%	91.3%	5.3%	10.8%
North of England	0.7%	3.0%	91.1%	5.2%	7.5%
England	0.9%	3.6%	90.7%	4.8%	7.0%

This shows an improvement against the GM position in April 2018, which was:

April 2018	IA	RI	GO	OU	NR
Greater Manchester	1.4%	2.7%	91.1%	4.8%	11.9%

A number of those currently N/R (not formally rated) are those contracts recently procured, which is a reason why the not yet rated position for Wigan appears so high.

It is the ambition of Greater Manchester to eradicate CQC ratings of Inadequate and Requires Improvement across general practice. The GM GP Excellence programme continues to work with CCGs and practices on quality improvement to this end, ensuring the delivery of high quality provision of care for our GM residents.

3.1.1. General Practice Performance and Quality Indicators

A high-level indication of QOF delivery by GM practices comparing 2017/18 contractual year with the previous year was previously provided to the Board (May 2018). This indicated changes in exception reporting between the two years.

The appropriateness and eligibility of exception reporting is a specific focus for this year, particularly where it appears within screening and immunisation programmes, such as cytology screening. NHS Digital have stated that practice level QOF data for year end 2017/18 will be available by end October 2018 at which time the GP team will be in a position to provide further detailed analysis on exception reporting by CCG.

The GP Indicator set replaces two earlier indicator sets, the General Practice High Level Indicators (GPHLI) and General Practice Outcome Standards which were decommissioned at the end of 2017/18. The indicator set is available via the Primary Care Web Tool and revised methodology has been developed to enable outlier practices to be identified and all practices to be grouped according to their overall performance across the indicators. In brief there are currently 10 domains and 46 indicators.

The GP indicators are intended to support conversations between commissioners and practices, enabling issues to be explored and underlying factors to be identified and addressed.

As the indicator set is dependent upon QOF data which as previously reported will not be available until end October 2018 it is not possible to provide an up to date picture, however data relating to year end 2016/17 identified that across Greater Manchester there are -

- Number of Higher Achieving Practices: 64
- Number of Achieving Practices: 273
- Number of Practices Approaching Review: 91
- Number of Practices with Review Identified: 38

Note: The GM practice count is 459 as at September 2018 difference to above (466) is due to mergers not currently reflected in the data.

These indicators provide assurance to commissioners that services are safely delivered for our patients.

A detailed report in respect of criteria for outliers and practice level information will be provided at Quarter 3.

4.0 GENERAL OPTOMETRIC SERVICES (GOS)

4.1. Contractor Numbers

GM currently has 374 optometry contracts which provides for good access for the delivery of general ophthalmic services for our GM residents. Sight test provision is a demand led service whereby contractors apply to provide services across GM. GM GOS contractors deliver over 650,000 NHS sight tests per annum.

4.2 Contractor Assurance

The GM primary care optometry team is required to undertake a contract assurance programme every three years termed "Quality in Optometry (QiO)". The current programme runs from 2016 until 2019. However, owing to development of the nationally agreed QiO framework and online reporting tool, the programme initiation was delayed by 12 months.

The programme involves contractors completing online self-assessments of their compliance with the contract; these are submitted to the team for review.

Contractors must be 100% compliant. Scores of less than 100% compliance, or failure to complete the assessment, results in contractors receiving an assurance visit from the team. Contractors are also required to complete any actions identified by the team during the review.

Visits are also undertaken with contractors where issues or concerns are identified to the team such as media stories, professional standards concerns via Professional Advisory Group or patient complaints.

The rolling programme of QiO commenced in Greater Manchester in January 2017 in Oldham and Tameside & Glossop; to date 5 localities and Additional (domiciliary) contract holders have been completed with the following results:

- 158 contractors have submitted QiO submissions and declared compliance with Terms of Service.
- 33 practices have been visited by the team (in the case of Additional contract holders they have visited the team offices). Where actions have been identified, action plans have been agreed and completed to ensure 100% compliance.
- Bolton, Bury and HMR contractors have completed the QiO self-assessment process, the team have reviewed submissions and practices to be visited identified. Visits will take place in November and December 2018.
- Contractors in ALW and Manchester will be required to complete the QiO self-assessment submissions between November and December 2018 and visits will take place between January and February 2019.

The team have undertaken an additional assurance review with all Additional (domiciliary) contract holders and requested they submit evidence to demonstrate compliance with public

liability insurance, clinical waste removal and safety of lone workers, which have been identified as common areas for improvement from previous assessments.

The QIO process provides assurances to the NHS England that optometry contractors have the necessary equipment, appropriately qualified health professionals / support staff, operating procedures, insurance policies and practice premises are of a suitable standard in line with their General Ophthalmic Services contract. This supports GMHSCP to ensure that patients across GM receive safe and effective NHS commissioned services, delivered by qualified health professionals from suitable premises.

5.0 GENERAL DENTAL SERVICES

5.1. Dental Satisfaction

There are two national sources of feedback in relation to patient satisfaction of NHS dental services. Patient experience is surveyed by the NHS Business Services Authority (NHS BSA) who randomly select patients for whom NHS dental treatment has been reported are surveyed in respect of waiting time for an appointment and satisfaction with treatment received. The second source of feedback is the national GP Patient Survey (GPPS), which includes collection of some information around patient access and experience of NHS dental services

Patient satisfaction reporting by the NHS BSA is currently only reported at Greater Manchester level by the BSA. The future intention is for the dental commissioning team to be able to report this data at locality level.

Table 2 below presents patient reported satisfaction of NHS Dental services across Greater Manchester. Despite having higher levels of population accessing services than the national average, Greater Manchester falls below the national benchmark in patients reporting success in getting an appointment. GM patients do report however that they have a more positive experience of dental care received than the national benchmark.

Table 2: NHS Dental patient satisfaction reported by the GP Patient Survey

Locality	GPPS: Successful in getting an appointment		GPPS: Successful in getting an appointment when new to a practice		GPPS: % Positive Experience	
	<u>Jan-Mar 2017</u>	<u>Jan-Mar 2018</u>	<u>Jan-Mar 2017</u>	<u>Jan-Mar 2018</u>	<u>Jan-Mar 2017</u>	<u>Jan-Mar 2018</u>
England	94.7%	94.7%	76.4%	76.9%	85.3%	85.2%
Greater Manchester	93.7%	94.4%	73.7%	70.8%	85.4%	85.5%
NHS Bolton	90.0%	93.1%	57.1%	69.4%	80.1%	82.6%
NHS Bury	92.7%	93.9%	65.9%	70.5%	85.0%	86.6%
NHS Manchester	90.9%	91.9%	70.5%	73.0%	81.6%	81.3%
NHS Oldham	93.5%	92.8%	74.0%	70.1%	85.1%	85.4%
NHS Heywood, Middleton & Rochdale	95.0%	95.1%	77.2%	73.0%	87.7%	88.6%
NHS Salford	92.4%	93.3%	80.3%	70.4%	81.2%	81.9%
NHS Stockport	95.7%	95.6%	71.9%	62.7%	89.0%	89.3%

NHS Tameside and Glossop	93.2%	94.6%	82.6%	69.4%	86.1%	86.8%
NHS Trafford	96.5%	94.9%	87.5%	74.3%	88.0%	86.9%
NHS Wigan Borough	93.5%	95.7%	74.0%	72.7%	85.1%	88.7%

Similarly, the NHS BSA patient reports of dental care received indicates greater satisfaction levels in Greater Manchester than the national position.

Table 3: NHS Dental patient satisfaction reported by the NHS BSA

% of patients satisfied with wait for dental appointment

Report Period	July-Sept 2017	Oct-Dec 2017	Jan-March 2018	April - June 2018
Greater Manchester	87.8	88.5	89.0	89.5
England	88.0	87.8	88.1	88.1

% of patients satisfied with dentistry received

Report Period	July - Sept 2017	Oct - Dec 2017	Jan - March 2018	April - June 2018
Greater Manchester	91.1	91.9	92.4	94.4
England	91.5	91.4	91.6	91.6

Note: Data presented above is a rolling 12 months for that quarterly report period.

Indication of the above is that, although there is variation across localities and dental services could perform better, levels patient satisfaction for services received in Greater Manchester have improved over the past year and is above the national average.

The GM Local Professional Network for Dentistry continues to support quality improvement initiatives, and have published locally developed toolkits to support patient experience and outcomes from dental services, including Baby Teeth DO Matter, Healthy Gums DO Matter, Saving Smiles (Dental Trauma toolkit), Dementia Friendly Dentistry and the Health Living Dentistry Framework.

There is still work to be done to further improve access for new patients.

5.2. Dental Access

Figures reported for patients seen for August 2018 are provided for management information only, and is considered to be Official-Sensitive until publication by NHS Digital (expected to be November 2018).

Dental access across Greater Manchester continues to gradually increase for both adults and children. This achievement is against an indicative position that there are less adults accessing NHS dental care nationally.

However, access continues to vary across GM Localities. Patient figures are reported by dental provider contract, rather than residence of the individual. Dental practices do not operate restricted catchment areas from which to draw patients, although the majority of patients will be local residents. This position is unlike GP practices which operate contractual boundaries established to ensure local residents have access to GP services.

The contractual access figures therefore provide an indication of local access rather than specific access figures for locality populations. Access levels, for both adults and children are variable across the localities of Greater Manchester. There is ongoing review of locality and neighbourhood level capacity and demand which informs opportunities to target investment and re-commissioning of services for patient

5.2.1. Dental Access for adults

National guidance (Delivering Better Oral Health) advises that adults' attendance for dental care should be between 3 and 24 months based upon disease and risk assessment. Many of the population still believe that they should be routinely seen every 6 months.

The latest dental access figures for adults are provided in the table below:

Table 5: Adult access to general dental services

	24-month Patient Seen Total		Change from previous 12m		Patient seen as % of Adult Population
	Aug-17	Aug-18	Patients	% change	
England	22,153,618	22,057,045	- 96,573	-0.4%	50.7%
North of England	6,894,751	6,852,413	- 42,338	-0.6%	56.3%
Greater Manchester	1,219,589	1,221,906	2,317	0.2%	56.8%
Bolton	111,557	111,692	135	0.1%	51.5%
Bury	78,500	77,526	- 974	-1.2%	53.2%
Manchester	218,551	220,877	2,326	1.1%	52.4%
Oldham	100,055	101,228	1,173	1.2%	58.4%
Rochdale	98,864	97,942	- 922	-0.9%	59.4%
Salford	107,788	107,031	- 757	-0.7%	55.4%
Stockport	137,722	137,609	-113	-0.1%	60.5%
Tameside	99,951	100,730	779	0.8%	58.0%
Trafford	99,991	101,867	1,876	1.9%	56.8%
Wigan	153,901	154,122	221	0.1%	60.3%

Note: Percentages of population are based on ONS mid-2016 estimates

Figures indicate an increase of 0.2% in adults seen by NHS Primary Dental Care services between August 2017 and August 2018 across Greater Manchester.

5.2.2. Dental Access for children

As the Board is aware, the state of children's oral health in Greater Manchester is amongst the worst in the country.

Oral health is an important part of general health and wellbeing. A healthy mouth enables children to communicate, eat and enjoy a variety of foods, socialise and attend school as well as contributing to their self-esteem, confidence and readiness to learn. Dental decay is highly prevalent in GM and the impact on both society and the individual is significant, causing pain, discomfort, sleeplessness, limitation in eating leading to poor nutrition and time off school or work as a result of dental problems.

To address these challenges Greater Manchester has committed to increasing access for children to high quality dental care. As part of the Greater Manchester Population Health transformation programme, the contribution by dental services to children's oral health is being supported and complemented by community based interventions through the wider

system, such as Health Visiting services and supervised tooth brushing in early years' settings.

5.2.2.1. Improving Access to primary dental care services for children:

Most recent access figures for children seen by NHS Primary Dental Care Services in past 12 months indicate access levels to be:

July 2018 (end Q1) of 409,962 children
 compared with July 2017 (end Q1) of 401,412 children

An additional 8,550 children (an increase of 2.1%) across Greater Manchester have therefore accessed primary dental care over the past twelve months.

Table 4: Children's access to general dental services

	12-month Child Patient Seen Total		Change from previous 12m		Patient seen as % of Child Population
	Aug-17	Aug-18	Patients	% change	
England	6,830,498	6,911,474	80,976	1.2%	58.6%
North	2,044,815	2,061,222	16,407	0.8%	63.7%
Greater Manchester	401,957	409,987	8,030	2.0%	65.1%
Bolton	43,172	43,788	616	1.4%	65.6%
Bury	25,834	26,108	274	1.1%	61.0%
Manchester	75,259	77,557	2,298	3.1%	64.6%
Oldham	35,741	37,338	1,597	4.5%	63.4%
Rochdale	33,638	33,429	- 209	-0.6%	65.0%
Salford	34,425	35,682	1,257	3.7%	65.0%
Stockport	39,281	40,485	1,204	3.1%	64.9%
Tameside	31,218	30,835	- 383	-1.2%	62.4%
Trafford	36,333	37,225	892	2.5%	67.7%
Wigan	43,853	44,271	418	1.0%	65.2%

5.2.2.2. Reducing re-attendances for children:

Through appropriate management of children's dental care there should be little need for a child to re-attend within 3 months. Re-attendance may be to a number of factors, for example pain and urgent care requirements, or failed treatment and poor outcomes. Poor oral health clearly contributes to these factors.

In Q1 (2018/19) 8.8% of children's courses of treatment in Q1 were re-attendances within 3 months. This has reduced from 9.5% in Q1 (2017/18):

Table 5: Re-attendance of children within 3 months.

Report Period	Q1 – 2017/18	Q2 – 2017/18	Q3 – 2017/18	Q4 – 2017/18	Q5 – 2017/18
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Greater Manchester	9.4%	9.5%	9.8%	9.2%	8.8%
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This improvement in appropriate re-attendance has been achieved through contract management and contractor engagement, in accordance with evidence-based advice, key oral health messages and education delivered through the Baby Teeth DO Matter toolkit.

It also indicates better access and quality of care for children by primary dental care services across Greater Manchester resulting in improved outcomes for patients.

5.2.2.3. Preventative treatment intervention:

A key evidence-based preventative intervention to improve oral health is the application of fluoride varnish. 'Delivering Better Oral Health' (an evidence-based toolkit for prevention) advises that all children over 3 years should have fluoride varnish (2.2% NaF⁻¹) applied to their teeth two times a year. If younger children are at particular risk of tooth decay the dentist may apply fluoride varnish to their teeth. There are some cases, for example certain contra-indications, where fluoride varnish application is not appropriate.

Across Greater Manchester in Q1 (2018/19) 63.4% of courses of treatment for children included this preventative treatment. This presents a significant increase from reported levels of 59.0% in Q1 (2017/18).

This increase in access to quality, prevention-based dental care for children will hopefully contribute to improving the state of our population's oral health. An impact of this will be reducing, over time, the demand for high acuity dental treatment such as children having dental extraction under general anaesthetic.

6.0 RECOMMENDATIONS

6.1. The Performance and Delivery Board is asked to:

- Note the contents of the report, with particular focus on performance management and support for improvement.

¹ 2.2% NaF- is indication of strength of Sodium Fluoride within the product.