

**AGENDA ITEM**

3.4

**POPULATION HEALTH & PARTNERSHIPS COMMITTEE**
**PRIMARY CARE: DENTAL SERVICES**

<b>Date of meeting</b>	07/07/2021
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Not Applicable - Public Report
<b>Prepared by</b>	(Kim Dunn- Primary Care Manager)
<b>Presented by</b>	Julie Denley, Director Primary Care and Mental Health
<b>Approving Executive Sponsor</b>	Chief Operating Officer
<b>Report purpose</b>	FOR NOTING

<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)</b>		
<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
	(DD/MM/YYYY)	Choose an item.

**ACRONYMS**

CDS- Community Dental Service  
 GDS- General Dental Services  
 DPAs – Dental Professional Advisors  
 D2S – Design to Smile  
 DTU – Dental Teaching Unit  
 WG – Welsh Government  
 GDPs-General Dental Practitioners  
 AGPs -Aerosol generating Procedures  
 WG- Welsh Government  
 NHS BSA- NHS Business Services Authority  
 SOP – Standing Operating Procedure  
 ACORN – Assessment of Risk and Need



	POW – Prince of Wales Hospital PCH – Prince Charles Hospital RGH – Royal Glamorgan Hospital
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## 1. SITUATION/BACKGROUND

- 1.1 The purpose of this paper is to provide the Population Health and Partnerships Committee with a summary of the dental services provided across the CTM footprint. It also gives an overview of the impact the Covid-19 Pandemic has had and the measures used to assess performance.
- 1.2 A full range of Dental Services across CTM Health Board are delivered via multiple teams that can be split into two defined groups:
- General Dental Services (GDS) provided by Independent Dental Contractors via dental health board contracts and in a small number of instances Service Level Agreements. 'Out of hours' Emergency Dental Service (EDS) is also commissioned locally by the UHB. Patients access urgent and emergency dental care services through dialling the Out of Hours service directly.

The number of GDS dental service contacts per ILG are set out in table 1 below.

Table 1 General Dental Service Contracts by ILG

ILG	Dental Contracts
Merthyr / Cynon	21
Taff Ely / Rhondda	16
Bridgend	19
Total	57

- Salaried Dental Services, which include the Dental Teaching Unit, which is located in Porth in the Rhondda and the Community Dental Service [CDS] which pre-pandemic delivered over 10 community sites across the Cwm Taf footprint. Not all sites were delivering services 5 days a week. The number of salaried dental clinics per ILG are set out in table 2 below. Bridgend is a lower number and this was inherited with the transfer of the boundary. This is being reviewed, and Maesteg has been identified, as part of an overall exercise to ensure equitable access across the Cwm Taf Morgannwg Footprint.



Table 2 Salaried Dental Services by ILG area

ILG	CDS Clinics
Merthyr / Cynon	4
Taff Ely /Rhondda	4
Bridgend	2
Total	10

A wide range of general and specialist services are offered under each of the services areas, and for ease these are described in the table 3 below. For ease, due to the complexity of each of the services, this paper will attempt to describe and highlight the key issues for each of the service areas in turn.

Table 3 Description of Dental Services provided in Cwm Taf Morgannwg

General Dental Services:	Community Dental Service:	Dental Teaching Unit
<i>Description: provides all general dental services and intermediate/specialised services delivered by dentists in dental practices based on the local high street</i>	<i>Description: provide treatment for people who may not otherwise seek or receive dental care, such as people with learning disabilities, elderly housebound people, people with mental or physical health problems or other disabling conditions which prevent them from visiting a dentist in the high street</i>	<i>Description: Teaching Unit for dentists undertaking 1 year dental foundation training, plus provision of enhanced services delivered by qualified GDPs</i>
1. <b>General Dental Services-</b> i.e. check-up, restorations/ extraction/dentures/crowns/ prescription/urgent treatment	1. <b>Domiciliary Services/Gwen Am Byth-</b> services provided to housebound and those living in care homes as well as education and training packages of care	1. <b>Training Post Graduate Dentists:</b> provide training/tutorials/hands on dentistry for post graduate dentists
2. <b>Orthodontics-</b> specialised service provided to those under the age of 18 who meet NHS criteria for treatment	2. <b>Bariatric Service-</b> patients over >21 stone with/without co-morbidities.	2. <b>General Dental Services-</b> i.e. check-up, restorations/ extraction/dentures/crowns/ urgent treatment
3. <b>Minor Oral Surgery-</b> [Cynon/Rhondda] Intermediary service delivered by suitably qualified/ experienced and approved GDPs	3. <b>Sedation Service-</b> phobic patients/learning disabilities (RA sedation)	3. <b>Minor Oral Surgery-</b> [Taff Ely/Rhondda] specialised service delivered by Middle grade oral surgeons and specialists.
4. <b>Emergency Dental Service In Hours/OOH:</b> urgent treatment for those patients who do not have access to a regular dentists	4. <b>Paediatric GA Assessment</b> – assessment of children that require GA for dental treatment	4. <b>Sedation Service:</b> general dental services using IV sedation for anxious patients
5. <b>DFT Training :</b> 8 practices provide training/tutorials/hands on dentistry for post graduate dentists	6. <b>Medium/Secure Units:</b> provision of general services, Taith Newydd and Caswell Clinic in Glanrhyd Hospital	5. <b>Urgent Access:</b> urgent treatment to those that do not have access to a routine dentist



	7. <b>Designed to Smile:</b> national programme designed to improve the dental health of young children in Wales.	
	8. <b>Special Care Dentistry:</b> preventive and treatment oral care services for patients who are unable to accept routine dental care because of some physical, intellectual, medical, emotional, sensory, mental or social conditions	
	9. <b>Orthodontics-</b> specialised service provided to those under 18 who meet NHS criteria for treatment	
	10. <b>Urgent Access:</b> urgent treatment to those that do not have access to a routine dentist	
	11. <b>DCT training – Final Year Training</b>	
	12. <b>WG epidemiology survey:</b> undertaken annually, between August -April. CDS tasked with undertaking survey across Wales	

## 2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

### Impact of Covid-19 Pandemic on Dental Services

- 2.1 Historically in Cwm Taff, there has been open access to general dental services with practices able to offer urgent and full courses of treatment (continuing care) to patients. Unlike other health boards, we did not experience closed lists or long waits for patients who wished to receive NHS dental care.
- 2.2 However, the COVID-19 pandemic has had an enormous effect of dental services as a whole which will have long standing/permanent changes to the way dental services are delivered in the future. This is not only the position for Cwm Taf but for dentistry across Wales and the three other nations.
- 2.3 A large majority of the procedures undertaken by dentists are aerosol generating and as a result during the RED phase of the pandemic (March 2020 to October 2020), services were suspended and only urgent appointments were permitted with many patients receiving prescriptions rather than active treatment as per the SOP issued by Welsh Government. Patients in active treatment had their treatment suspended / delayed, and no routine appointments were permitted. The SOP required every dental service to put in place strict IPC and social distancing measures and to consider ventilation and apply fallow time in between patients to account for this.

This was particularly challenging for many smaller independent Dental practices occupying very small and often converted premises which they were not always able to put in place the standards required by the SOP.

### ***Impact on GDS Dentists***

- 2.4 From October 2020 the status of the pandemic for Dental services was changed to AMBER, this means that patients are able now able to access dental services for essential care only and some routine appointments offered if practices have capacity to do so. All our practices are now undertaking AGP, and it is worth noting that this is not the case across all Health Boards as some still have a small number of practices who are just providing urgent advice only and no treatment to patients.
- 2.5 To reflect the reduced activity Welsh Government has instructed Health Boards to pay practices 90% of contract value as a minimum (this reduction is offset by the provision of PPE at no cost to practices). Some Health Boards have already increased the payment to 100% of the contract value but have seen no benefit in the number of appointments being offered. Cwm Taff Morgannwg have taken a more cautious approach to avoid this position, and instead with effect from the 1<sup>st</sup> July 2021 we will be offering GDPs 100% of their contact payment on the proviso that they protect and offer additional appointments for 'ongoing care' following urgent treatment. The decision to take this approach is to ensure that we maximize access for patients who most need it.
- 2.6 The Health Board has also undertaken the following additional actions:
- Provided additional support and funding to dental practices to aid adaptations to premises in relation to ventilation in order that they can see more patients.
  - Additional funding (on top of the 100% contract offer), has been secured via the planned care funding stream to commission additional emergency appointments (128 appointments per week) to ensure that patients do not have to wait longer than 24-48 hours for treatment, preventing access to other emergency services. This will complement the additional appointments for 'ongoing care'.

### ***Performance Measures for GDS***

- 2.7 Pre-COVID-19, general dental practices were required to deliver activity which focused on the achievement of Units of Dental Activity

(UDA). Each practice had an agreed contract value or number of UDAs to deliver each year. This value of a UDA or contract size was not equitable and varied per contractor. Practices had to achieve 95% of their contract value otherwise they were required to pay back to the Health Board the value of the UDAs not achieved. In the event there was successive underachievement the Health Board could make a request to the Dentist that the contract value be reduced and if this was agreed the Health Board was able to allocate the UDAs to another Dentist(s) where additional dental activity was needed thus better meeting population needs.

- 2.8 At the start of the pandemic Welsh Government and the BSA suspended UDAs as activity and a performance measure. Welsh Government have considered this an opportunity to reform the GDS contract and the new measures being tested are intended to focus on prevention and are part of a government National GDS Contract Reform. There were a new set of 'softer' measures introduced for Q1 and Q2.

Quarter 1 measures include:

- 80% of fluoride varnish application for both adults and children. Although 100% is desirable. (There is a 5% tolerance and if practices do not achieve this a 5% reduction in their contract payment will be made the following month).
- All patients to receive a 'personalised prevention plan' or assessment of Risk and Need, which is referred to as an ACORN once a year.

Quarter 2 measures include:

- All practices have to undertake a 'reasonable' number of AGPs. No actual target has been set.
- The number of patients – Adults not seen previously in last 2 years and children not seen previously in last 12 months.
- Improved ventilation and the number of air changes per hour.
- The acceptance of at least *two new patients per week per £165K* of contract value. Ideally, at least half of new patients should be adults wherever possible. For a £165K contract value, this would be 8 new patients per month. This will equate to approximately 366 new appointments per week.
- The numbers of urgent treatment delivered.

Quarter 4 measures will include (but have not been defined):

- Patient list sizes
- Workforce planning

- 2.9 Patient information is captured on a form called an FP17W which is in turn entered into a software database called eDEN, which the Health

Board is able to access. The quality of the information extracted is variable but it is early days and everyone is getting used to using the system. The eDEN is reportedly not an easy system to use and dentists do not always update the system in a timely manner however the data quality is improving.

- 2.10 Average national levels of claimed activity for Cwm Taf Morgannwg is showing approximately 45% of pre-Covid-19 activity. It is reassuring this is just above the National average and month on month we are now seeing the numbers seen in GDS activity increasing. The progress against the new measures is detailed in table 4 below and it shows the comparison between the Welsh average at this time. The trends will be monitored through Primary Care Board and Primary Care Performance Boards.

**Table 4: The activity against the measures recorded to date are as follows:**

Q1 measures:	
Total number new patients seen: Q1 measure- 2 new patients per £165k contract value:	9,439
Total number of patients seen:	28,642
Number of ACORN forms completed [identification Risk and Need of patient]	26,064 (91.5% of patients)
Total of Fluoride Varnish Applications Red/Amber patients:	66.4% [Wales Average- 54.2%]
Adult	82.3% [Wales Average: 73.9%]
Children	91.3% [Wales Average 86.2%]
Number of AGPs:	12,520
Number of Urgent Appointments:	2411

- 2.11 The focus on prevention is welcomed, as there are sharp differences between individuals with the best and worst oral health in Wales and in Cwm Taf the oral health of our population lags way behind similar areas. Cwm Taf has the worst oral health for children under 5 years and the numbers of adults who visit a dentist regularly is also very poor. Prevention is at the core and reducing the risk factors that lead to oral disease is only possible if the delivery of dental services and oral health improvement programmes are oriented towards primary health care and prevention.

## Quality Assurance for GDS

- 2.12 All Dental Practices are subjected to quality assurance visits and these are undertaken by HIW, either via virtual or physical assurance visits. The visits monitor a range of standards, guidance, policies, Regulations and highlight areas requiring improvement. Physical





visits to dental premises was suspended during Covid-19 but HIW are being urged by the Health Boards to undertake physical visits again.

- 2.13 There is also a requirement for practices to engage with HEIW to undertake quality improvement programmes/audits to improve patient care and they are also contractually obliged to complete the annual Quality Assurance Self-Assessment Toolkit (QAS). QAS supports practices to identify areas for quality and safety improvement and provides information to the Health Board to identify any issues that need to be addressed.
- 2.14 In the event clinical/professional issues or concerns are identified from any source we engage the professional skills of the DPAs. We commission 6 sessions of DPA time from three practicing Dentists who provide advice and support to the Primary Care Dental Team, Associate Dental Director and the Assistant Director of Primary Care. Assurance or action required is reported to the Health Board and are escalated to the Dental Quality Group and the Primary Care Quality and Safety Group which in turn reports into the Board's Quality, Safety and Experience Committee.

### **Salaried Dental Services**

- 2.15 As part of the Health Board's contingency plan the salaried dental services for both the DTU and CDS focused their activity on patients in need of urgent dental treatment. They also became the identified 'hot' site for all patients with (or suspected) as having Covid-19 infection but who were in need of urgent dental care.

### ***Dental Teaching Unit***

- 2.16 The core function of the DTU which is training of the newly qualified dentists was suspended during the RED phase of the pandemic, on the direction of Welsh Government. Instead it focused on leading the Covid-19 response and delivery of urgent care for patients without a regular Dentist. Training of post graduate dentists is essential for workforce development and succession planning within Cwm Taff Morgannwg, as it encourages dentists to want to stay and work within or Health Board after qualifying. Training of students has now resumed in AMBER stage, while continuing to provide urgent and emergency access and also minor oral surgery, activity which would otherwise go into acute hospital dental services.



### **Urgent Care Dental Triage Hub**

2.17 As part of the Covid-19 response the Primary Care team established an Urgent Care Dental Triage Hub in the Ynyshir Primary Care Centre. This is manned still by CDS staff (in particular D2S staff) who were redeployed when the D2S service was suspended. The hub takes calls, provides advice and/or directs patients in need to appointments. This is an extremely valuable service and without it our access to dental services would look very different. It is the plan that this service will be mainstreamed into the 111 First Triage Hub when it is launched in September 2021.

### **Community Dental Services (including D2S & Gwen am Byth)**

2.18 CDS provides a range of services to support vulnerable people as directed in *the WHC (2019) 021* and WHC/2015/001 - Improving Oral Health for Older People Living in Care Homes in Wales WHC/2015/001. Patients are referred in by GPs via electronic referral, via other health care professionals or self-referral over the telephone. The range of services is described in table 1 in section 1.

2.19 CDS for Cwm Taf patients was historically outsourced to Cardiff and Vale but with effect from April 2019 the service was repatriated back to Cwm Taff Morgannwg Health Board. This coincided with the transfer of the Bridgend boundary and we are now responsible for directly managing CDS. The reason behind the repatriation was to provide us with the opportunity to review the range and quality of services, to ensure it is meeting the needs of our population. However, the Covid-19 Pandemic suspended this review. This has now resumed and scoping is taking place and will inform an improvement plan.

2.20 Pre-Covid-19 the service was delivered from fixed clinics, 3 MDUs plus a domiciliary service. The MDUs were used to provide dental assessments and some treatment in settings where there are no dental suite available (e.g. mental health facilities and care homes etc). Adjustments have been made during Covid-19 to allow AGPs to be carried out in all clinics to support the resumption of services, with the exception of the MDUs. The new social distancing and IPC measures prohibits the use of the MDUs.

Table 4 below illustrates how the pandemic has significantly reduced capacity in the CDS clinics:



**Table 4 - Shows the level of CDS service provided pre Covid-19 and present situation**

Clinic	Weekly sessions Pre Covid-19	Yearly sessions x 43 weeks pre Covid-19	Present weekly sessions	Yearly sessions at present levels
<i>Total Clinic sessions</i>	153	6579	110	4730
<i>DOMS Totals</i>	24	1032	11	473
<i>Overall total</i>	177	7611	121	5203
<b>GA</b>	4	172	2	86
<b>GAA</b>	3	129	3	129
<b>Sedation</b>	1	43	0	0
<b>Access/UDC</b>	2	86	20	860
<b>Vaccine</b>	0	0	4	172
<b>Epidemiology Survey/Trials</b>	4	172	0	0
<b>OVERALL TOTAL</b>	163	7009	150	6450

2.21 Other CDS specialist services suspended during the RED phase of the pandemic included:

- Adult special care, Paediatric GA, GA restorative and extraction lists previously delivered in POW, PCH and RGH.
- Inhalation sedation services.

2.22 During the Amber phase the resumption of these services have been slow to start as the services are also dependent on support from secondary care (theatres) and dentists with specialist skills to oversee the services and are not easily available nationally. As a result of the suspension the waiting lists for these services have grown. They are being monitored monthly via the Primary Care Board and action is being taken to mitigate the risk and reduce the backlog, as described below:

- Sedation – Approximately 3 years wait, a return to GREEN from AMBER would help reduce the wait times, due to fallow time. Additional dental and nursing staff are being trained to support more sedation sessions going forward.
- Special Care Dentistry – The wait time was 2 years pre Covid-19, as the dental post is vacant at present and recruitment is being sought.
- GAA and GA – The wait is approximately 2.5 years. Reinstatement of second list should help reduce the wait time but we are still to see the impact of this, second list has only recently been reintroduced. GAA lists are back up to 3 days per week.
- GA orthodontic – 16 on list, 12 are booked in August for assessment, dates for treatment will be decided following assessment.

2.23 Other CDS services which remain suspended are D2S and Gwen Am Byth programmes whose focus is on promoting good oral health in schools and other care settings. Welsh Government has yet to announce when both programmes are likely to resume. Uptake of D2S across Cwm Taff Morgannwg was good but had room for improvement pre-Covid-19. 142 schools (75.9%) were participating in the D2S programme, this compares to an all Wales average of 76.8%. The Health Board should be mindful that the uptake by schools may change when services resume so every effort will be made to mitigate the risks during this time. Work has been undertaken to date to introduce online sessions and home packs have been delivered to schools and children's services and a small amount to food banks to encourage children to continue with good oral health practices.

### ***Measures for D2S***

2.24 The specific services delivered under the CDS umbrella have directed guidance and monitoring arrangements in place through (WHC) 2017 23. In particular the D2S guidance describes the evidence based focus of the programme, setting out expectations for service delivery. Pre-Covid-19 every Health Board was required to report against specific Measures for D2S, and these are detailed below. As the service has not been delivered for 16 months there is no current activity/performance data to report.

- 100% of schools in the most, 2<sup>nd</sup> and middle deprived quintiles are invited to participate in D2S.
- >90% participating in tooth brushing from nursery – year 1 (aged under 4, aged 4-5 reception, aged 5-6 year 1)
- 70% continue tooth brushing into year 2
- >90% of schools receive 2 fluoride varnish application visits per year up to Year 2 (for children 3 years)
- 100% settings have appropriate tooth brushing Quality Assurance visits / follow up.
- 100% settings receive staff training on the tooth brushing schemes yearly and more frequently when new teaching staff begin supervising.

### ***Quality Assurance for CDS***

2.25 The CDS service is also subject HIW visits to assess quality assurance as well as Welsh Government and internal audits. Welsh Government recently undertook an audit of decontamination services and no significant issues were raised although the report was late being finalized due to the impact of the pandemic. All audit or inspection reports and action plans are reported through to the corporate IPC Committee and through the Primary Care Quality, Safety and Risk meeting.

## **Primary Care Dashboard**

2.26 The Primary Care Team is working to produce its own quality Dashboard, which will including those measures identified by Welsh Government but a range of others. This information has been passed to the informatics team so they can pull the information together into one central place dashboard. The complete suite of dental measures is available in Annex A.

## **3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE**

### **Key Priorities Going forward**

#### **3.1 Priorities for 2020/21**

- Full resumption of all dental services as quickly as possible
- Reduction of the waiting lists for CDS services for vulnerable adults and children requiring specialist dental care.
- Ensure delivery of high quality equitable dental service across the Health Board area.
- Encourage the workforce planning and skill mix of dental care professionals to be fully utilised in both primary and community dental services.
- Utilising dentists with enhanced skills to provide care closer to home within a community setting, in order to expand intermediate care services, such as minor oral surgery.
- Ensure equitable delivery and availability of bariatric dental services
- Development and utilisation of the Primary Care Dashboard.

The Committee is asked to note:

- The significant impact the Covid-19 pandemic has had on dental services and the impact this has had on the activity levels, waiting times and also access to appointments.

The action being taken to mitigate this:

- a. Securing of additional access from GDS for patients in need of urgent and emergency dental care but also continuing dental care
  - b. Resumption of CDS specialist services and the monitoring of waiting lists at the same time seeking ways to reduce the backlog.
  - c. Development of a dashboard to monitor national and local measures to provide scrutiny and assurance round service delivery across all services.
- Note the changes to the Dental Contract and associated performance measures

#### 4 IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>Related Health and Care standard(s)</b>	Timely Care
	If more than one Healthcare Standard applies please list below:
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	No (Include further detail below)
	If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.  If no, please provide reasons why an EIA was not considered to be required in the box below.
<b>Legal implications / impact</b>	
	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications /</b>	
	Yes (Include further detail below)



<b>Impact</b>	Identified as part of planned care board
<b>Link to Strategic Well-being Objectives</b>	Provide high quality, evidence based, and accessible care

### 3 RECOMMENDATION

The committee is asked to:

**NOTE** and **DISCUSS** the content of the paper.



## Annex A

### Dental Measures- General Dental Services [GDS]

Detail of Information:	What does this data tell us:	Source of Information:	Name of Report:	Frequency of Report:
1. Number of AGPs	How many AGPs are being delivered [HB level]	EDEN	HB summary report	Monthly
2. Completed Treatment [CoT]	Completed courses of Treatment: <ul style="list-style-type: none"> <li>B1</li> <li>B2</li> <li>B3</li> </ul>	EDEN	HB summary report	Monthly
3. Fluoride Varnish Application [FV]	Number of red/amber patients having FV applied- [Q1, Q2 measures]: <ul style="list-style-type: none"> <li>No of adult</li> <li>No of children</li> </ul>	EDEN	HB summary report	Monthly
4. Urgent Care	How many patient accessing urgent care: <ul style="list-style-type: none"> <li>In Practice</li> <li>In Hours</li> <li>OOH</li> </ul>	EDEN Access Hub Leanne /Ty Elai	Manually collated reports	Monthly
5.Patient Numbers	How many patients seen per annum : <ul style="list-style-type: none"> <li>No of Adults</li> <li>No of children</li> <li>No of new patients seen [Q1, Q2 measures)</li> </ul>	EDEN	HB summary report	Annual
6. ACORN	No of completed Acorns [Q1, Q2 Measures]	EDEN	HB summary report	Monthly
7. Referrals	No of referrals: <ul style="list-style-type: none"> <li>MOS</li> <li>USC</li> <li>Ortho</li> <li>Paed GA</li> </ul>	e-RMS		Monthly





**Table 5 Dental Measures- Community Dental Service [CDS]**

<b>Detail of Information:</b>	<b>What does this data tell us:</b>	<b>Source of Information:</b>	<b>Name of Report:</b>	<b>Frequency of Report:</b>
<b>Number of AGPs</b>	How many AGPs delivered	<b>EDEN</b>	HB summary report	Monthly
<b>Completed Treatments [COT]</b>	Completed courses of Treatment: <ul style="list-style-type: none"> <li>• B1</li> <li>• B2</li> <li>• B3</li> </ul>	<b>EDEN</b>	HB summary report	
<b>Fluoride Varnish Application [FV]</b>	Number of patients having FV applied- <ul style="list-style-type: none"> <li>• No of adult</li> <li>• No of children</li> </ul>	<b>EDEN</b>	HB summary report	Monthly
<b>Fluoride Varnish Application [FV]</b>	FV applications D2S	<b>EDEN</b>	WG annual report	Annual
<b>Domiciliary Visit</b>	Number of dom/care home patients treated	<b>SoE</b>		
<b>GAA</b>	<ul style="list-style-type: none"> <li>• Number of GAA assessments</li> <li>• Number referred for GA</li> </ul>	<b>SoE</b>		
<b>Taith/Caswell</b>	<ul style="list-style-type: none"> <li>• Number of patients treated per clinic</li> </ul>	<b>SoE</b>		
<b>Special Care</b>	<ul style="list-style-type: none"> <li>• Number SCD patients treated</li> <li>• Number SCD referred for GA</li> </ul>	<b>EDEN</b>		