Good Practice in Prison Dental Health

*If only we knew what we know*

or

*If only we all did what is best*

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## The Good

<table>
<thead>
<tr>
<th>GOOD IDEA</th>
<th>GOOD PRACTICE</th>
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<tbody>
<tr>
<td>Something that makes sense but is unproven</td>
<td>Something that has improved results for your organisation where there is no comparative data</td>
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Best practice....

Those practices that have produced outstanding results in another situation that can be adapted for our situation
What we will cover ..... 

- Our approach 
- The challenges 
- What does a Good service look like? 
- Future priorities 
- From good To best
The Challenges

Needs
- High levels of need
- Long standing neglect in oral health
- Routine checks and health promotion given less priority due to high needs for emergency care
- Drug misuse and smoking increase dental health needs
- Nutrition

Demand
- Demanding consumers
- Turnover of prison population
- Difficulties in providing continuity of care
- Interrupted treatments and non-attendance

Waiting times

Resources
- Availability of dental care products
- Outdated facilities and equipment
- Lack of space
- Lack of funding for health promotion and additional sessions
- Insufficient staff for treatment and for security
- Staff training and quality assurance

Supply
- Shortages in dental time
- Sessions shortened by security procedures
- Recruitment and retention
- Quality of dental care
- Availability of routine treatment in some prisons
- Availability of oral health promotion
What we found

• There are many different models of practice

• Modernisation of prison dental health
  – Commitment vs delivery

• Some tailored to specific circumstances and challenges

• PCTs are already making a difference
  – Linking dentists to clinical governance
  – Linking prison dental health to wider PCT resources
  – Commissioning and contract management
  – Additional investment
What does a good service look like

- Active PCT involvement
- Networking between prison dental health and wider dental services
- Capacity plan for services
- A focus on efficient use of sessions and appointments
- Comprehensive contracted service and back up arrangements
- Action plan to reduce waiting times for routine as well as urgent cases
- Dental health as well as dental treatment
Health needs assessment

- Access
- Triage
- Assessment
- Self assessment
- Well person
- Appointments System
Oral health promotion

- Dedicated clinic
- Incentives
- Opportunistic
- Campaign
- Integrated
- Capacity building
Improving access to treatment

- In reach from Wider services
- Triage
- Contract management
- Culture and relationships
- Focus on attendance
- Performance management

Communications
Escorts
Problem solving
Improving the quality of care

- Release/discharge planning
- Performance management
- Health and safety
- Activity analysis
- Electronic records
Top tips for prisons

• Use all opportunities to draw on resources and expertise in your PCT

• Develop professional networks with other prison dental services

• Develop internal relationships with Governors and prison officers

• Take a holistic view of dental health
Top tips for the Department of Health/NOMS

• Link PCT resources for prison health to changes in prison population

• Influence postgraduate deans to include prison health in Vocational Training Schemes
And finally....

This year’s good practice is next years baseline
Top tips for PCTs

• Commissioning prison dental health services

• Implement the lessons from research evidence on modernising prison dental services

• Take performance management seriously

• Change management approach

• Transfer skills in demand and capacity planning