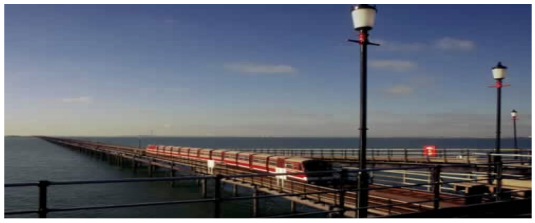
"ACCESS TO NHS DENTAL PROVISION"

Final Report and Recommendations



October 2003

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for Residents within the Borough of Southend-on-Sea

FOREWORD

In January 2003, as a Unitary Authority, Southend-on-Sea Borough Council assumed new powers to scrutinise health services. Following participation in a pilot study with Essex County Council and Thurrock Borough Council prior to the assumption of the new powers, the Council decided to undertake a local scrutiny project in order to give more Members an opportunity to become involved in the health scrutiny process. It was decided to undertake a scrutiny of the availability of Primary NHS Dental Services for residents within the Borough, as dentistry is a service which is needed and utilised by a very high proportion of people of all ages and backgrounds, unlike many health topics which affect only a small proportion of the population. In addition, such a scrutiny would examine the general perception that it has become increasingly difficult for patients to find a practice which provides NHS dental services.

The scrutiny project proved to be both challenging and topical in the light of the recent publicity in the national media about difficulties of access to NHS dental services. Whilst the report concludes that it is apparent that a number of the issues identified as the subject of the scrutiny exercise are closely interlinked, it is also clear that the heart of the problem can only be solved by changes nationwide to the system of remuneration; this could be the fundamental catalyst which might make NHS dentistry more attractive to dental practitioners and facilitate the efforts of Primary Care Trusts to undertake their new commissioning role in an effective manner within this context. The report makes a number of interdependent recommendations for consideration at both national and local level. Implementation of such recommendations could go a long way towards improving the availability of NHS dental services for patients in the Borough of Southend-on-Sea.

I believe that the conclusions and recommendations set out in the report are challenging, realistic and timely. It would not have been possible to reach those conclusions without the enthusiastic participation in the study of the representatives of stakeholder bodies including the dental profession, patient groups and relevant health bodies. I and the Committee would like to thank such participants for their contributions which helped greatly with our understanding of the multi-faceted issues concerned. I commend the report to all stakeholders and look forward to the implementation of the recommendations which I hope will lead to improvements in the availability of NHS dental services for the people of Southend-on-Sea.

Councillor Mrs Lesley Salter
Chairman, Community Services Scrutiny Committee
October 2003

SUMMARY

Background/Scope of the Scrutiny

1. In January 2003, as a Unitary Authority, Southend-on-Sea Borough Council assumed new powers to scrutinise health services. Following participation in a pilot scrutiny with Essex County Council and Thurrock Borough Council prior to this, the Council decided to undertake a local scrutiny of the availability of Primary NHS Dental Services for residents in the Borough. It was considered that this was both a topical issue and was also a service which is both needed and utilised by a very high proportion of people of all ages and backgrounds.

2. The intention was to make appropriate recommendations to the Southend Primary Care Trust and the Government with a view to improving the availability of NHS dental services for residents of the Borough, and to reduce health inequalities. In line with emerging good scrutiny practice, such recommendations should be evidence-based and, to this end, Members were provided with a folder of background briefing documents which provided an appropriate knowledge-base for the scrutiny. This provided background material particularly in relation to the national and regional picture which acted as the foundation for three formal public witness sessions at which the Committee received oral and written evidence from a large number of key stakeholders drawn from the dentistry profession, patient groups and relevant local and national health bodies. In the context of the objectives and anticipated outcomes of the scrutiny, the main issues identified were as follows:-

    - The relative proportions of private to NHS dental treatment, and the consequences of this for access to NHS treatment.
    - The proportion of Southend adults registered for continuing dental care as compared with the national and regional situation, and the reasons for any variation.
    - The effectiveness or otherwise of the expanded role of NHS Direct in facilitating access to NHS dental treatment.
    - Perceived barriers to accessing NHS dental services and the extent to which these are borne out in reality.
    - The extent to which the perceived increasing move towards private practice is borne out in reality, and the effect of this on the availability of NHS continuing care.
    - The effects of the system of charging for NHS dental treatment on access to NHS continuing care.
    - The nature of the "piecework" system of remuneration, in particular its effect on dentists' workloads, standards of care, ability and wish to provide NHS treatment, and the consequent availability to patients of NHS treatment.
    - The extent to which recent proposals and initiatives for change and improving access are being implemented locally.
    - The extent to which local NHS commissioning bodies have the powers to promote improvements to access arrangements.

Conclusions/findings of the scrutiny

Access difficulty, registration levels and the private/NHS split

3. The latest statistical evidence suggests that the position in relation to registration for continuing care with an NHS dentist is slightly better in Southend (52% of adults) than nationally (45%). However, this should be placed in the context of the fact that a maximum of only 8 of the 24 dental practices in Southend currently accept new NHS patients onto their list. Key stakeholders suggested that most difficulties facing patients attempting to access NHS dentistry are caused by poor provision of information to patients rather than a current lack of capacity. However, the Committee did receive clear anecdotal evidence of access difficulties and, in addition,

there was evidence of a continuing shift to private dentistry, and this is an issue which needs to be urgently addressed both nationally and by Southend PCT.

4. The current system of remuneration is essentially unchanged from when the NHS dental service was established. As the population's general and dental health has improved, the system has become outmoded and inappropriate, having been characterised as providing "perverse" incentives to dentists to maximise the amount of treatment which they give to patients in order to increase their income. This, together with the steady erosion of fee levels over the years has provided the principal reason for the increasing move out of providing NHS dentistry. The NHS remuneration system needs to provide an adequate level of fees to provide a thorough oral health assessment and time for discussion on the treatment choice and expected outcomes with patients, in line with modern requirements. This will go a long way towards easing dentists' problems in offering NHS dental treatment.

Government Proposals for Change

5. The Health and Social Care (Community Health & Standards) Bill was published in March 2003. This includes proposals to bring the provision of NHS dentistry under the aegis of Primary Care Trusts and is intended to provide an enabling framework to implement the proposals set out in a Government "Options for Change" Working Group report. One of the principal objectives of the scrutiny exercise was to investigate the extent to which the proposals in "Options for Change" and a related Audit Commission report, particularly those which are aimed at improving NHS dentistry, are being implemented in Southend.

6. In 1999, the Prime Minister announced that, by October 2001, anyone who wanted NHS dental care would be able to access it by calling NHS Direct. It is generally accepted that, in terms of improving the availability of urgent and occasional treatment, there has been some progress in meeting the "Prime Minister's pledge". However, information on the NHS website from which NHS Direct accesses information for patients is often out of date. Improved provision of up-to-date information and, perhaps, a more memorable phone number such as 888, would further improve this service.

7. Developments in relation to provision of treatment for unregistered patients have centred around innovations in the provision for emergency out-of-hours services and/or the development of Dental Access Centres. Lack of publicity for a joint Southend PCT and Castle Point and Rochford PCT out-of-hours service led to a drastic curtailment of the service. However, the pilot reinstatement of the rota scheme on weekdays is planned together with a targeted campaign promoting awareness of the service.

8. The Southend PCT indicated that it has no immediate plans to commission a Dental Access Centre for people who were not currently registered with a dentist or who have an immediate dental problem. High capital costs and the need for continued good working relationships and co-operation between local dentists and the PCT were cited as reasons for this policy. However, there is nothing inherent in such a centre which should lead to it undermining the business of local dental practices; on the contrary, it should complement rather than compete with them. Furthermore, management problems of the kind which have occurred at some centres which have not fulfilled their remit by promoting registration to local dental practices can be overcome on the basis of appropriate constitutional or governance arrangements for the centre. It would therefore be useful to explore the feasibility for providing such a centre in the Borough, particularly in the current climate where there is a likelihood of further dental practices opting out of NHS provision. It may be possible to overcome the problem of high capital costs by developing the existing Community Dental Service as an embryonic Dental Access Centre.

9. The commissioning role of the Primary Care Trust in relation to primary dental services is currently in its infancy. Proposals are in place under the Health & Social

Care Act to give PCTs a wider remit for commissioning primary dental services from April 2005 and Southend PCT has indicated that it is ready for this challenge, and is building relationships with local dentists in a number of ways. Indeed, Southend PCT has been selected to work with the NHS Modernisation Agency on a high profile demonstration field site designed to pilot new ways of delivering dentistry with a view to subsequent national roll-out. Such changes in commissioning arrangements should give PCTs the flexibility to target services towards the particular circumstances of their population by developing funding and targeting at a local level within a national framework. However, it is clear that it will take time for such changes to take effect.

10. Such initiatives cannot be implemented without the co-operation of the dental profession and the attraction of more dentists into the NHS fold. A review of the workforce needed for primary dental care has been undertaken at national level and it is anticipated that the review will be published later this year. Possible options include the expansion of sessional payments for dentists or a greater element of salaried dental employment as well as combinations of these. Sessional payments have been successful in South East Essex in attracting dentists working on emergency dental care schemes, and it is likely that younger dentists would be more willing to look at salaried positions within an NHS-financed surgery. However, if the level of NHS dental care were to be unduly restricted, then it might not provide an attractive employment option which would allow dentists to utilise all their skills. Preliminary discussions have taken place between Southend PCT and officers in the Council's Regeneration Unit with regard to the possible availability of regeneration funding for training and recruiting NHS dentists in the town.

11. The shortage of dental training places in the UK, following the closure of three dental schools in the early 1980s, has been partly responsible for the profession's dependence on foreign graduate dentists. 'Opting for Change' has suggested a number of innovative changes in training for dentists and, although implementation will take time, the need to address the training shortfall should be integral to the dental workforce review.

Conclusions and Recommendations

12. It is apparent that a number of issues which have been the subject of this scrutiny exercise are closely interlinked. It is also clear that the heart of the problem can only be solved by changes nationwide to the system of remuneration. This could be the fundamental catalyst which might make NHS dentistry more attractive to practitioners and facilitate the efforts of PCTs to undertake their new commissioning roll in an effective manner. Thirteen recommendations based on this premise are outlined at Chapter 5 of the report.

1. SCOPE, OBJECTIVES AND METHODOLOGY

Background/Scope of the Scrutiny

1.1 In January 2003, as a Unitary Authority, Southend-on-Sea Borough Council assumed new powers to scrutinise health services. Prior to this, in preparation for the new power, the Council had participated in a pilot study with Essex County Council and Thurrock Borough Council into delayed discharges from hospital with a particular focus on older people. One of the aims of the pilot study had been to test the operation of scrutiny processes prior to "going live". A number of lessons learned as a result of the pilot exercise have been adopted in undertaking this scrutiny.

1.2 When considering possible topics and the scope of any study to be undertaken in the Spring/Summer of 2003, the Council's Social Scrutiny Committee which, until May 2003, undertook the health scrutiny role on behalf of the Council, decided that, as only a small number of Southend elected Members had been involved in the joint pilot exercise, it wished to undertake a local scrutiny project in order to give many more Members an opportunity to become involved in the health scrutiny process. This does not, of course, preclude the Council from participating in further joint scrutinies with the other two statutory health scrutiny committees in Essex. Indeed, the Authority remains an active participant in the Essex, Southend and Thurrock Partnership Forum.

1.3 The topic of access to Primary NHS Dental Services was chosen following consultation with Health Agencies including the Southend Community Health Council. A scrutiny of the availability of NHS Dental Services in Southend was chosen for the following reasons:-

- Unlike many health topics which affect only a small proportion of the population directly, dentistry is a service which is needed and utilised by a very high proportion of people of all ages and backgrounds.

- The general perception is that, as dentists have withdrawn from providing NHS services, it has been increasingly difficult for patients to find a practice which provides NHS dentistry.

- Subjective experience suggests that the situation in Southend may be worse than the national picture.

- It should be a relatively straightforward scrutiny and not overly resource-intensive.

Objectives and Outcomes

1.4 The objectives agreed by the Social Scrutiny Committee were:-

- To compare the appropriateness and availability of NHS dental services in Southend with the wider national situation.

- To examine the reasons for any shortfall in availability of NHS dental services both within Southend and as compared with the national situation.

- To examine whether subjective perceptions are borne out by an examination of the facts.

- To examine the effectiveness of the Southend Primary Care Trust's commissioning practice in respect of NHS dental services.

1.5 The outcomes sought from the study were identified as being:-

- To make appropriate evidence-based recommendations to the Southend Primary Care Trust and the Government to improve the availability of NHS dental services and to reduce health inequalities.

- To identify best practice in commissioning NHS dental services in order to assist the Primary Care Trust in its commissioning role.

Methodology/Process

1.6 The scrutiny was carried out by the Social Scrutiny Committee supported by an Officer Project Team. The project plan for the study was drawn up and approved by the Committee. The scrutiny commenced in April 2003 and ended with the formal approval of the final report in July. However, following the Council elections in May, the responsibilities of the Social Scrutiny Committee were divided between two new scrutiny committees. Responsibility for the health scrutiny function was vested in the Community Services Scrutiny Committee, which oversaw the remainder of the current project on access to NHS dental services.

1.7 As health scrutiny was a new field of study for local authorities and as NHS dentistry represented a specialised area within the field of health, two presentations were arranged for Members; firstly, an overview of the health scrutiny process and, secondly, a summary of background research into NHS dentistry with particular reference to topical issues. In addition, a folder of background briefing documents was prepared and circulated to Members in advance of the commencement of the scrutiny. These were as follows:-

Briefing Document 1 – Modernising NHS dentistry – implementing the NHS plan – extracts:-

- Foreword/Introduction
- Oral Health and NHS Dentistry: the current position
- Improving access to NHS dentistry
- Improving quality
- Improving oral health
- The way forward

Briefing Document 2 – House of Commons Health Committee Press Notice No. 12, 26th March 2000 – Inquiry into access to NHS dentistry.

Briefing Document 3 – Reports of Dentistry Modernisation Steering Group Task Groups:-

- Summary
- Dental Education Continuum
- UK Dental Workforce Planning
- Inequalities
- Patient Empowerment

Briefing Document 4 – NHS Dentistry: Options for Change – Report of Working Group, August 2002:-

- Foreword
- A Modernised Service for Patients in the Twenty-first Century
- Key themes and priorities for action
- A New Deal for Patients – National Standards
- Systems of Delivery of Dental Care
- Education, Training and Development of the Dental Team
- Terms of Reference

Briefing Document 5 – British Dental Association:-

- Policy Statement on Tackling Oral Health Inequalities
- "Modern NHS Primary Dental Care – Organisation and Development, 2001-5" – discussion document.

Briefing Document 6 – Media Releases/Articles:-

- "NHS Dentistry denied to thousands"
- "NHS Dentistry is second rate, patients told"
- "Shame of NHS dental provision"
- "Dentists could be paid salaries by NHS"

1.8 The briefing material was circulated in March 2003 prior to the preliminary meeting and first witness session on 7 April. This provided background material, in particular statistics indicating the national and regional picture, for three formal public witness sessions at which the Committee received oral and written evidence from a large number of key stakeholders. It was hoped that the information obtained from such stakeholders would enable a valid comparison to be made between the national picture provided in the briefing documents and the local situation.

Evidence Gathering

1.9 In gathering additional evidence for the study, it was decided to approach the topic from a "bottom up" perspective, i.e. commencing with patient groups, followed by representatives of dental practitioners through to "overseeing bodies" such as Southend Primary Care Trust, the Strategic Health Authority and the Department of Health. Key individuals in these organisations together with the Southend Community Health Council, the South Essex Local Dental Committee, the local branch of the British Dental Association, the Community Dental Service, the Southend Hospital Dental Service and NHS Direct were identified as main points of contact.

1.10 The Committee took oral and written evidence from a number of key witnesses associated with the organisations outlined above. Almost all evidence was taken in public under Local Government Access to Information rules, whilst recognising rules made under the Health & Social Care Act 2001 regarding private consideration of certain types of confidential information.

1.11 The stakeholders involved in the oral/written evidence process are outlined in paragraph 1.13 below. Witnesses were advised of the areas of potential questioning in good time for the meeting and, a few days before the meeting, a final list of questions was provided to witnesses to allow them time to formalise their answers. A briefing document for witnesses which had been approved by the Essex, Southend and Thurrock Partnership Forum was also provided in order to assist witnesses. This indicated that it might be helpful to all concerned if preliminary written answers to questions from members were provided prior to the meeting, together with appropriate background information about the organisation providing the information. This could then provide the basis of a discussion on the issues raised. At the committee meeting officers took a note of the answers and any ensuing discussion. Following each meeting, a copy of the note of evidence was sent to the witnesses for comment on its factual accuracy.

1.12 In addition, the Committee was keen to gather the views of the general public on the issue of access to NHS dentistry. A brief article was placed in "Civic News", the Council's newspaper which is delivered to all households in the Borough, inviting written submissions. The possibility of undertaking a survey or focus group exercise including local patients and dental practitioners was investigated. However, the likely costs of such an exercise was found to be

considerably in excess of the anticipated cost and the prospective survey company indicated that the resulting evidence was unlikely to differ substantially from that already obtained. In the light of the probable limited added value of the exercise, the Community Services Scrutiny Committee decided not to proceed with the focus group exercise on this occasion.

Stakeholders

1.13 The Committee received evidence from the following individuals representing the organisations indicated, to whom the Council is grateful:-

7 April
Southend Community Health Council
Beryl Furr – Chief Officer
Eddie Camp – Joint Vice Chair
Yusuf Goolamali – Joint Vice Chair
Patients' Public Voice
Harry Chandler – Spokesperson

2 June
South Essex Local Dental Committee
Neil Gaubert – Hon. Secretary
David Murphy
British Dental Association (South Essex Branch)
Neil Fraser
Paul Abbott
Community Dental Service
David Bowry – Head of Service
Jan Cheal
Hilary Sykes
Southend Hospital Dental Service
Tina Loopstra – Surgery Manager (written evidence)

9 June
Southend Primary Care Trust
Andrew Stride – Primary Care Development Manager
Neil Smillie
Essex Strategic Health Authority
Andy Vowles
Elaine Roe
Melvyn Smith
NHS Direct
Hilary Scarnell
Pat Collyer
Department of Health
Andy Taylor (written evidence)
Local Dental Practice
Confidential source.

2. MAIN ISSUES FOR SCRUTINY

2.1 The initial phase of the scrutiny exercise involved research into what might be considered to be the main issues in relation to access to primary NHS dental services at both national and regional levels. This was undertaken by means of a study of the briefing documents referred to at para. 1.7 above. In addition to statistics indicating the national and regional picture, the documents outlined a number of key themes or issues in relation to the availability of primary NHS dental services. In the context of the objectives and anticipated outcomes of the scrutiny, the main issues can be summarised as follows:-

- The relative proportions of private to NHS dental treatment, and the consequences of this for access to NHS treatment.
- The proportion of Southend adults registered for continuing dental care as compared with the national and regional situation, and the reasons for any variation.
- The effectiveness or otherwise of the expanded role of NHS Direct in facilitating access to NHS dental treatment.
- Perceived barriers to accessing NHS dental services and the extent to which these are borne out in reality.
- The extent to which the perceived increasing move towards private practice is borne out in reality, and the effect of this on the availability of NHS continuing care.
- The effects of the system of charging for NHS dental treatment on access to NHS continuing care.
- The nature of the "piecework" system of remuneration, in particular its effect on dentists' workloads, standards of care, ability and wish to provide NHS treatment, and the consequent availability to patients of NHS treatment.
- The extent to which recent proposals and initiatives for change and improving access are being implemented locally.
- The extent to which local NHS commissioning bodies have the powers to promote improvements to access arrangements.

2.2 On the basis of the information in the briefing documents and the themes or issues outlined above, approximately fifty preliminary questions were drafted in batches and sent to the various witness groups prior to their attendance before the Committee. The subsequent responses from the various witness groups concerned indicated that there was a broad consensus on the issues which needed to be tackled, which were largely in line with those set out above, albeit that the perspectives of the stakeholders on those issues and the suggested action needed might differ somewhat.

3. EVIDENCE/FINDINGS OF THE SCRUTINY

3.1 As indicated earlier in this report, whilst background knowledge and understanding of NHS Dentistry, and in particular of the issues in relation to access, was obtained from national reports prepared by a variety of authoritative bodies, evidence of the situation on the ground in Southend was obtained via the three witness sessions with key stakeholders.

3.2 A detailed record of general comments and specific responses to questions posed by Members of the Committee was prepared. This record of evidence was forwarded to a representative of each stakeholder group which contributed to the study in order to ensure that the recorded evidence was factually correct. A copy of the evidence for each witness session is attached at Appendix 1.

3.3 For the sake of brevity and to avoid unnecessary repetition, it was not considered necessary to further summarise the findings at this stage, but rather to move directly to a discussion of the evidence prior to outlining conclusions and recommendations drawn from the study.

4. DISCUSSION OF THE EVIDENCE

4.1 The commentary below relates broadly to the main issues of the scrutiny set out in Chapter 2, which themselves are set in the context of the objectives and anticipated outcomes of the scrutiny.

Access difficulty, registration levels and the private/NHS split.

4.2 The national and regional picture is as follows: -

- 41% of those seeking access to a dentist in South East and South West England have "some degree of difficulty" as compared to 12% in Northern England (1999 survey).
- Nationally, in June 2001 only 60% of dental practices were accepting new NHS patients. Whilst across the country as a whole, dentists stated that they take only 15% of patients on a private basis, in the South East the figure is 50%. (Consumers Association Survey).
- 45% of adults nationally are registered for continuing dental care.

4.3 Although several witness groups questioned the accuracy or currency of information relating to the local situation, the following gives a broad indication of the position in Southend: -

- 52% of adults were registered for continuing care with an NHS dentist at the end of March 2003 (Dental Practice Board Website).
- Whilst 62 out of 66 dental practitioners in Southend are currently undertaking some degree of NHS work, only 8 of the 24 practices in which they work currently accept new NHS patients onto their list (Southend PCT).

4.4 The Southend CHC/PPV acting as representatives of patients furnished some convincing anecdotal evidence of difficulties of access to NHS dental services. Associated problems included a lack of information for patients to allow them to compare NHS with private charges, and a tendency for patients to be enjoined to sign up for private treatment "under duress" in order to retain their current dentist. However, the audit carried out by the South Essex Primary Care Support Team over a one month period in Spring 2003 found that 100% of callers were directed towards an NHS dentist within the Southend PCT area, and that 73% were directed towards an NHS dentist within their area of Southend. This suggests that such anecdotal evidence may be due at least as much to a lack of awareness as to how to locate services due to a paucity of knowledge on the part of patients, and a failure by the relevant authorities to provide information in a readily accessible way, as to a low level of NHS provision per se. This was confirmed by evidence from patient groups and from NHS Direct themselves, that information on the NHS website from which the NHS Direct accesses information for patients is often out of date. It is clear that the poor quality and inaccessibility of information for patients on this issue needs to be urgently addressed.

4.5 Whilst the Southend PCT suggests that poor provision of information is the main problem for patients attempting to access NHS Dental Services, the PCT's own survey indicated that only 8 of the 24 dental practices in Southend are currently accepting new NHS patients. It is not clear whether this figure includes the Apollo Dental Clinic which has recently opted out of providing NHS treatment. What is clear is that a maximum of only one third of practices are accepting new NHS patients and that, given that at least two other practices on the periphery of the Borough in Rochford and Hockley have also recently ceased taking on new NHS patients, there would appear to be an increasing trend towards "opting out". Whilst the comment from one witness that "a massive exodus from the NHS is anticipated" might appear unnecessarily alarmist, there would appear to be a clear trend which is

extremely worrying for all concerned and which needs to be addressed sooner rather than later.

4.6 Subsequent to the witness sessions, the Government has now published its response to the Office of Fair Trading (OFT) Report on "The Private Dentistry Market in the U.K.". In its action plan which implements the OFT's recommendations, the Government has pledged to enact measures to ensure that dental patients are provided with the information necessary to make informed choices by requiring dentists to:-

- Display prominently what services are available under the NHS and what services the practice provides privately;
- Make available Department of Health information on NHS treatments (both by supplying the information on demand and making patients aware that it exists);
- Ensure that patients know whether they will be treated under the NHS or privately for each treatment proposed, and what the potential options are (and that where appropriate the dentist explains to the patient why private treatment is being offered);
- Ensure that where appropriate the relevant forms required for mixing NHS and private dentistry are completed and signed by the patient so that they know under what terms their treatment is being provided;
- Refer existing patients who want NHS treatment to the relevant body if they stop offering NHS treatment;
- Routinely transfer copies of patient records and radiographs when patients change dentists.

4.7 If implemented, these proposals will go a long way towards improving information available to dental patients.

4.8 In relation to registration in particular, the Audit Commission report on primary dental care services expressed the view that "current arrangements are dentist-centred not patient-centred" for the following reasons :-

- A dentist can choose whether to register someone or take them as a private patient.
- Dentists can specify that they will only register certain types of patient (e.g. exempt or charge-paying adults only or the children of those who are private patients)
- A dentist can de-register patients at any time without giving any reasons, subject to three months notice being given to the patient.
- Rights under dental registration compare less favourably than with a GP.

4.9 In addition, registration automatically lapses unless the patient visits their dentist at least every 15 months.

4.10 Whilst the British Dental Association representative stated that there was "no supporting evidence to suggest a difficulty in registering" and the PCT expressed the view that "there are no significant difficulties facing patients attempting to access NHS dentistry in the area", there is clear anecdotal evidence of such difficulties. Nevertheless, the PCT did express confidence that there is currently enough capacity to meet the present demand for NHS

dentists. However, it recognised that access could be improved. This is particularly important in the light of the evidence of a continuing shift to private dentistry and is an issue which needs to be urgently addressed both nationally and by the Southend PCT, notwithstanding the fact that, in Southend, 52% of adults were registered for continuing care with an NHS dentist at the end of March 2003 which compared favourably with the national figure of 45%. Recent evidence in the national media showing some 600 prospective dental patients queuing to access some 300 registration places at a dental practice in West Wales suggest that there is no room for complacency on this issue.

The system of remuneration

4.11 The current "piecework" system of remuneration is essentially unchanged from when the NHS dental service was established. It was designed to meet the high treatment needs of the time in that it provided an incentive for dentists to deal quickly with the high levels of dental disease then prevalent. However, in more recent times, as the population's general and dental health has improved, the system has become outmoded and inappropriate. Some tinkering at the edges has taken place but the fundamental principle of "piecework" has remained. The system has been characterised as providing "perverse incentives" to dentists to maximise the amount of treatment which they give to patients in order to increase their income. The 2002 Audit Commission report gives examples not only of patients but also of dentists who suggest that the system encourages dentists to "over treat" patients, a direct result of the piecework system and the steady erosion of fee levels over the years.

4.12 A further problem for consolidating or developing an NHS dental practice is the fact, that under the General Dental Service (GDS) system, overhead costs are included in "piecework" fees so that the large capital sums required for developing practices need to be provided by special funding initiatives or from private finance raised by the practice owners. The following figures provided by a local practice are instructive, given that the government fee is a fixed sum for treatment for each item which takes no account of the time involved :-

- The cost of a simple NHS examination, x-ray, scale and polish - £20.85 (break-even time would be 13.5 minutes)

- The cost of a filling under the NHS - £14.10 (break-even time would be 9.1 minutes)

4.13 The conclusion reached by the Local Dental Committee/British Dental Association delegations was that "if NHS fees are insufficient for profitability then increasing private provision is essential." This would appear to be the nub of the issue and the principal reason for the increasing move out of the NHS. The fact that NHS fees are the same throughout the country, regardless of differing levels of overheads, explains why, in areas of high overheads such as the South East in general and Southend in particular, there is an increasing trend towards practices moving away from providing NHS treatment. Differential fees for areas of high overheads would be worthy of consideration by the Government.

4.14 As the BDA/LDC stated, the NHS remuneration system needs to provide an adequate level of fees to provide a thorough oral health assessment and time for discussion on the treatment choice and expected outcomes with patients, in line with modern requirements. This would go a long way towards easing dentists' problems in offering NHS dental treatment.

4.15 In conclusion, the House of Commons Health Select Committee in March 2000 summarised the situation succinctly as follows:-
"We consider that the General Dental Service remuneration system is the heart of the access problem. The fee structure encourages the move of dentists out of the NHS. It also discourages preventive dental care and the continuing maintenance of good oral health. This system has been reviewed comprehensively in the past, and both this Committee and the DoH developed options for alternative systems yet it remains unchanged. In the light of this history we do not advocate yet more reviews for their own sake, but rather action; we believe the time for reform is ripe."

Government Proposals for Change

4.16 In 1999, the Prime Minister announced that, by October 2001, anyone who wanted NHS dental care would be able to access it by calling NHS Direct. Subsequently, a plethora of working groups (The Dentistry Modernisation Steering Group and its task groups, the Options for Change Working Group and its task groups and Primary Dental Care Workforce Review) were convened to develop proposals for change in modernising NHS dentistry. The Health and Social Care (Community Health and Standards) Bill was published in March 2003. This includes proposals to bring the provision of NHS dentistry under the aegis of Primary Care Trusts and is intended to provide an enabling framework to implement the proposals set out in "Options for Change". This legislation and the programme of reform now underway through "Options for Change" will also address most of the recommendations of the September 2002 Audit Commission Report.

4.17 The principal objective of this scrutiny exercise has been to investigate the extent to which the proposals in "Options for Change" and The Audit Commission report, particularly those which are aimed at improving access to NHS dentistry, are being implemented in Southend.

4.18 With regard to the expanded role of NHS Direct, it is generally accepted that, in terms of improving the availability of urgent and occasional treatment, there has been some progress in meeting the "Prime Minister's pledge". Information given to patients by NHS Direct relates to where to find an NHS dentist for urgent or occasional care, the names of any dentists who are accepting registrations and the type of patient they are willing to take, what to do about common dental health problems and patients' rights and charges. However, mention has already been made above (para. 4.4) of the fact that information on the NHS website from which NHS Direct accesses information for patients is often out of date. Following a simple sampling exercise, the Audit Commission report concluded that, for one third of practices sampled, there was some degree of inaccuracy in the information held and supplied by NHS Direct.

4.19 With regard to the local situation, NHS Direct representatives agreed that it was very difficult to keep the website up to date as details were changing constantly. Information for the website was provided by the PCT and NHS Direct was aware of and was attempting to deal with a number of technical/administrative problems which sometimes prevented information from being updated in a timely manner. With regard to advertisement of the NHS Direct service, all dentists and GPs had been advised of it and details of the website and phone number were in all phone directories and NHS publications. However, it was felt that a more memorable phone number such as 888 would be useful. It would also be useful to include on the website information about the physical access to dental practices for people with disabilities.

4.20 Developments in relation to the provision of treatment for unregistered patients have centred around innovations in the provision for emergency out-of-hours services and/or the development of Dental Access Centres. Southend PCT and Castle Point and Rochford PCT established a mini-PDS scheme whereby dentists were contracted to see unregistered patients on a rota basis with patients being referred direct from NHS Direct, PCTs or by self-referral. Once again lack of publicity resulted in very few patients being seen making the costs prohibitive, so that the rota now operates only on Sundays and Bank Holidays. The South Essex Local Dental Committee has indicated that it is prepared to discuss ways to revive the scheme and the two PCTs are planning to formally review the emergency cover arrangements in the coming few months which may involve a pilot reinstatement of the rota during weekdays with a targeted campaign promoting awareness of the service. In addition, there are currently discussions at national and local level around the changing face of out-of-hours provision for all primary care services under the auspices of the Health and Social Care Bill. This would be a valuable and much needed development.

4.21 "Modernising NHS Dentistry" championed the development of NHS Dental Access Centres (DAC). The initial proposal was for 34 such centres nationwide. The purpose of a DAC was to provide convenient, accessible NHS dental treatment for people who are not currently registered with a dentist or who have an immediate dental problem. The intention was that such centres would not act as registration points, but would refer patients on to established NHS practices for the purposes of registration.

4.22 The Community Dental Service representative referred to a DAC which had been established in South Ockendon. Whilst the centre had been very busy, it did not fulfil its remit to promote registration to local dental practices and was therefore discontinued by the local health authority.

4.23 The Southend PCT indicated that it has no immediate plans to commission a DAC. Its grounds for this policy are that the current methods of referral for urgent calls are preferable as they avoid the very high capital costs associated with a fixed development and therefore reduce the cost per case whilst maintaining the same level of patient service. It is also considered that they promote good working relationships and good co-operation between local dentists and the PCT by not destabilising or undermining the businesses of local providers.

4.24 Whilst the PCT policy is an understandable view, there is nothing inherent in a DAC which should lead to it undermining the business of local dental practices. Indeed, the intention is that it would complement them rather than compete with them, particularly by referring patients on at the end of their treatment. If a problem of the kind which occurred at South Ockendon were to arise, this could be dealt with in terms of the constitutional or governance arrangements for the centre, and by ensuring that management arrangements were in place to comply with the centre's remit. Whilst such a centre would not provide a panacea for access problems, nevertheless it would be useful to explore the feasibility of providing such a centre, particularly in the current climate where there is a likelihood of further dental practices opting out of NHS provision. The problem of high capital costs might be overcome by utilising and developing the existing Community Dental Service, which the Service's Southend representative agreed could act as an embryonic DAC, partly utilising existing resources.

4.25 The commissioning role of the PCT in relation to primary dental services is currently in its infancy. The Audit Commission report stated that "NHS Commissioning Bodies have even fewer levers to promote more appropriate care than they do with GPs and far fewer than hospital services where they

have control over the allocation of budgets and can demand quality standards in contracts or agreements. By contrast, they have little budgetary control over most dentists – the majority of the money is given out by a centralised body when dentists send in claim forms. They cannot regulate how many dentists practise in their area or where. Nor can they directly influence which patients GDPs will accept for NHS continuing care. There are no incentives for those who do the work to control costs, no managers with responsibility to keep to a budget, no system for prioritising what is spent where, on what and on whom and there is no mechanism for directing activity and spend in accordance with an agreed health strategy."

4.26 Nevertheless, proposals are in place under the forthcoming Health & Social Care Act to give the PCT a widened remit for commissioning primary dental services from April 2005, and Southend PCT has indicated that it is ready for this challenge. In particular, it is building relationships with local dentists in a number of ways. For example, all dentists in the Southend area have been invited to an evening forum which it is hoped will be the start of an active dialogue with the profession to ensure that dental input into PCT decision-making and day-to-day work is robust and ongoing. However, representatives of the profession pointed out that neither Southend PCT nor the neighbouring Castle Point and Rochford PCT has a dental service representative on its Professional Executive Committee. Inclusion of a dentistry representative would not only ensure compliance with national guidelines, but would also complement the other measures relating to dental input to PCT decision-making referred to above.

4.27 The Chief Dental Officer's "Options for Change" report refers to the implementation of proposals for demonstration field sites, working with volunteer PCTs to develop commissioning options and new forms of contract and developing an ICT infrastructure for dentistry. These are important developments given that "Options for Change" concluded that reforms to patient charging and NHS/private mixing needs to await the outcome of such sites.

4.28 The Department of Health stressed that the first priority is to test new, local models of commissioning dentistry and funding and remunerating practices. Southend PCT has been selected to work with the NHS Modernisation Agency on such a high profile field site, designed to pilot new ways of delivering dentistry with a view to subsequent national roll-out. It is anticipated that such changes in commissioning arrangements will give PCTs the flexibility to target services towards the particular circumstances of their population by developing funding and targeting at a local level within a national framework. However, it is clear that it will take some time for such changes to take effect.

4.29 It is clear that, laudable though the initiatives outlined above are, they cannot be implemented without the co-operation of the dental profession and the attraction of more dentists into the NHS fold. A review of the workforce needed for primary dental care has been undertaken and it is anticipated that the review will be published later this year. Options for Change has already suggested a "menu of options in which (dentists) can contract with the NHS." Elements suggested include sessional payments for dentists or a greater element of salaried employment as well as combinations of these. Evidence from the LDC/BDA suggested that sessional payments were successful in attracting dentists working in mini-PDS emergency dental care schemes and also that younger dentists would be likely to be more willing to look at salaried positions within an NHS-financed surgery. However, they did point out that, if the level of dental care were to be unduly restricted, then it may not provide an attractive employment option which would allow dentists to utilise all of their skills. Access to occupational health services for dentists

and their staff and access to the NHS superannuation scheme would also assist in the recruitment of NHS dentists.

4.30 Preliminary discussions have taken place between Southend PCT and officers in the local authority's Regeneration Unit with regard to the possible availability of regeneration funding for training and recruiting NHS dentists in the Town. Whilst it is too early to draw any conclusions from these discussions, the PCT has indicated that it would welcome opportunities to work in partnership with the local authority to increase the capacity of NHS services in the Town, including dentistry. This might be of particular value in targeting resources at the more deprived areas of Southend and may represent an opportunity to jointly utilise regeneration monies. This is clearly a matter worthy of further investigation.

4.31 The recruitment of 'home-grown' dentists, thereby reducing the profession's dependence on foreign graduate dentists, who have equalled or exceeded UK-trained dentists joining the UK Dentists' Register in recent years, should be an important aspect of the dental workforce review. The closure of three dental schools in the early 1980s in part explains the current shortage of training places and, therefore, of UK-trained dentists.

4.32 The relevant 'Options for Change' Working Group has identified a number of innovative changes to the provision of training both for dentists and the wider dental team. These include a possible reduction in the length of the five-year undergraduate course, perhaps involving:-

- greater concentration on practical dental skills;
- a three-year dental school course followed by two years in practice and hospital-based training;
- a change to a modular pattern of dental undergraduate education.

4.33 Whilst these innovations are worthy of further investigation, they will clearly take time to fully evaluate and implement. It is clear that the need to address the training shortfall should be an integral and urgent part of the dental workforce review.

5. CONCLUSIONS AND RECOMMENDATIONS

5.1 The principal outcome sought from this study was to enable the Scrutiny Committee to make appropriate recommendations to the Southend Primary Care Trust and the Government with a view to improving availability of NHS dental services and thereby help in reducing health inequalities. It is apparent that a number of the issues which have been the subject of the scrutiny exercise are closely interlinked. It is also clear that the heart of the problem can only be solved by changes nationwide to the system of remuneration, which could be the fundamental catalyst which might make NHS dentistry more attractive to practitioners and facilitate the efforts of PCTs to undertake their new commissioning role in an effective manner. Accordingly, we make the following **recommendations:-**

The system of remuneration

Recommendation 1	**Action by**
That the current "piecework" system of remuneration for dentists be replaced by a system emphasising prevention and treatment based on evidence of cost-effectiveness, which a) addresses the need to secure reductions in unnecessary treatment without jeopardising dentists' businesses, and b) encourages further dentists to either remain in the NHS or opt back in, and thus make essential completed courses of dental treatment more available to poorer sections of the community; c) facilitates the work of PCTs as commissioning bodies for primary NHS dental services.	**Dept of Health**

Recommendation 2	**Action by**
That, in reforming the current remuneration system, consideration be given to combating the problem of high overheads in certain areas, including Southend, if appropriate by considering a system of differential fees, or other mechanism, for such areas with a view to helping to stem the tide of dentists leaving the NHS in such areas.	**Dept of Health**

Information for Patients

Recommendation 3	**Action by**
To ensure that the proposals outlined in the Government's action plan in response to the Office of Fair Trading report "The Private Dentistry Market in the U.K." are fully implemented with a view to ensuring that dental patients are provided with the information necessary for them to make informed choices by requiring dentists to provide such information as outlined in the action plan.	**Dept of Health/ Southend Primary Care Trust/ Dental Practitioners**

Recommendation 4	Action by
That measures be taken to publicise more effectively the expanded role of NHS Direct in providing information to patients on the availability of NHS Dental Services and the role of the Primary Care Trust in dealing with any complaints from patients.	**NHS Direct Southend Primary Care Trust**

Recommendation 5	Action by
That improvements be made in the accuracy and currency of information given out to patients from the NHS website in relation to dentists who are currently accepting NHS registrations.	**NHS Direct Southend Primary Care Trust**

Recommendation 6	Action by
That information about physical access to dental practices for people with disabilities be included on the website information given out by NHS Direct.	**NHS Direct Southend Primary Care Trust**

Recommendation 7	Action by
That consideration be given to providing a more easily remembered phone number for NHS Direct such as 888 in order to facilitate the use of the service by patients.	**Dept of Health NHS Direct**

Registration

Recommendation 8	Action by
That measures be taken to make the system of registration more patient-centred.	**Dept of Health**

Recruitment of Dentists

Recommendation 9	Action by
That measures be taken to ensure that the forthcoming review of the dental workforce includes a) employment options for dentists such as salaried positions within NHS-financed surgeries and greater scope for sessional payments for emergency cover schemes; b) consideration of the possible provision of access to occupational health services for dentists and their staff and access to the NHS superannuation scheme; c) urgent consideration of the need to address the shortfall in the number of training places for UK-trained dentists, thereby reducing the profession's dependence on foreign graduate dentists.	**Dept of Health**

Recommendation 10	Action by
That further work be undertaken to identify regeneration or other funding for training and recruiting NHS dentists, particularly with a view to targeting resources at the more deprived areas of Southend.	**Southend-on-Sea Borough Council Southend Primary Care Trust**

Specific Local Initiatives

Recommendation 11	Action by
That consideration be given to the inclusion of a dental service representative on the PCT Professional Executive Committee in order to secure effective dental profession input into the PCT's decision-making process	**Southend Primary Care Trust**

Recommendation 12	Action by
That a review be undertaken of emergency out-of-hours cover with particular reference to the need to adequately publicise the service.	**Southend Primary Care Trust (in conjunction with Castle Point and Rochford Primary Care Trust); South Essex Local Committee; Dental Practitioners**

Recommendation 13	Action by
That the feasibility of providing a Dental Access Centre in the town, possibly as a development of the existing Community Dental Service or otherwise, be explored in order to facilitate access to NHS dental treatment for non-registered patients.	**Southend Primary Care Trust**

APPENDIX 1

SOUTHEND ON SEA BOROUGH COUNCIL
HEALTH OVERVIEW AND SOCIAL SCRUTINY COMMITTEE
ACCESS TO NHS DENTISTRY IN SOUTHEND

WITNESS SESSION NO.1 – PATIENT GROUPS
7th APRIL 2003

Attendees

Mrs B Furr - Southend Community Health Council (CHC)
Mr E Camp – Southend Community Health Council
Mr Y Goolamali - Southend Community Health Council
Mr H Chandler - Patients' Public Voice (PPV)

1. INTRODUCTION

1.1 Papers outlining information on the following were submitted by CHC/PPV as supporting evidence:-

- Dental service monitoring indicates the shortage of NHS dentists in Southend and the increasing tendency of NHS dentists to 'go private'
- The outcome of recent surveys undertaken by CHC/PPV
- Evidence from other CHCs indicating the decreasing numbers of NHS dentists in their areas
- Data from the NHS website on NHS dentists in Southend
- A note on procedures undertaken by NHS Direct in response to patient enquiries

1.2 CHC/PPV representatives made the following general comments on the documents submitted:-

- An evidence base exists for complaints, comments and issues regarding the NHS but not for dental health.
- Individual complaints are received and resolved with the individual dentist and there has therefore not been a necessity to carry out community-wide investigations.
- When a dentist goes into private practice the CHC is not consulted and the NHS complaints procedure does not apply.
- Latest figures appear to show that 40% of dental practices in Southend are accepting NHS patients but the web site from which this information was obtained has not been validated, indeed there is some evidence that the information is out of date.
- NHS Direct offers to recommend dentists who are taking on new NHS patients but the database available to them is also inaccurate.
- H Chandler obtained information from the NHS.uk website rather than NHS Direct.
- There is some doubt as to whether patients are aware that they can complain about dentists and, if they are, whether they know who to complain to.

2. RESPONSES TO QUESTIONS

2.1 CHC/PPV representatives responded as follows to the questions previously submitted on behalf of the Committee:-

Question 1

A 1999 survey showed that 41% of those seeking access to a dentist in South East and South West England had "some degree of difficulty", as compared with 12% in Northern England. Have you any evidence of the situation in Southend?

Answer

- CHC had no evidence of the percentage of patients experiencing difficulty in registering with NHS dentists.
- The survey conducted by H Chandler includes a category for "some degree of difficulty".
- The survey was unscientific and informal but provided some interesting results.
- Several patients were informed that the practice was no longer offering NHS treatment and if the patient wanted to remain registered they would have to join Denplan*****.
- The move to Denplan "under duress" was explained. Most felt compelled to join to retain their current dentist. It was not a free and positive choice.
- There was a lack of information on NHS charges to allow patients to compare the costs of Denplan to NHS.
- There is an unknown factor here in that, if a patient leaves a practice which goes private, s/he may not try to register with another practice until a dental problem arises. This will affect the statistics.
- It is not always made clear when a patient attends a practice whether they are a private or NHS patient.
- H Chandler found in his survey that many people thought that Denplan was a new form of the NHS or that NHS dentistry did not exist.
- In general the NHS is free at the point of delivery but in dentistry there is a long tradition of paying towards the cost of treatment received. This has helped to blur the boundaries between NHS and private treatment.

***Note:**

"Denplan" is used as a generic term to refer to private dental plans.

Question 2

Have you any views on reasons for the relative difficulty of accessing NHS dentistry experienced by some Southend patients?

Answer

- An increasing number of local dentists are exercising their right to go private. Anecdotal evidence indicates that there are too few dentists taking on new NHS patients.
- Access for disabled people can be a problem
- Occasional problems have arisen but these have been resolved with the individual dentists.
- Physical access can be a more complex issue e.g. If a patient does not drive they may be unable to reach the practice. If they can drive parking may not be available nearby
- Is the treatment offered comprehensive or is the range limited necessitating a referral to another practice for particular treatment?
- It was noticed from the NHS.UK website "snapshot" that only two dentists in Leigh are open to new NHS patients. What will happen when those two are full?
- It would be useful if the PCT had a database on the capacity of each practice and how many NHS vacancies each dentist had.
- It was suggested that the PCT would have the most up to date information.

Question 3

A survey by the Consumers Association in June 2001 suggested that only 60% of dental practices were accepting new NHS patients. Similarly, although across the country as a whole dentists say they take only 15% of patients on a private basis, in the South East the

figure is 50%. Do you have evidence in relation to the relative proportions of private to NHS treatment in Southend?

Answer

No factual information available.

Question 4

The Patient Empowerment Task Group of the Dentistry Modernisation Steering Group suggested that "steps must be taken to ensure that dental practitioners are not able to create barriers to NHS treatment by setting conditions for the acceptance of NHS patients". Examples given include only accepting children if parents agree to private treatment, or insisting on a private examination before accepting a patient onto the NHS. Do you have any evidence from Southend patients that this practice is or has been prevalent amongst the dentistry profession in Southend?

Answer

- No stored information was available but a letter from one practice was read out confirming that a child would be offered treatment on the NHS on condition that the parent joined Denplan. Another member confirmed this was happening at another practice from personal experience.
- People are reluctant to complain - only 10% do. If they want to are they aware of where to go and who to complain to?
- People are also reluctant to complain against dentists in case they are victimised or become known as troublemakers.
- B Furr explained that the CHC is due to be abolished shortly and will be replaced by five separate bodies. There will be considerable publicity and this should raise awareness.
- PALS - Patient Advice and Liaison Service - will be the vehicle for "issues". An attempt will be made 'to take the complain out of complaint'.
  Issues must be recorded and followed up and this will provide a database.
  PALS cannot deal with complaints which will be referred to the Independent Complaints and Advocacy Service (ICAS), which will be set up by April 2004.
- It was agreed that publicity so that people know how to complain or raise issues is essential.
- There was a query over "looked after children" and their position where there is no parent continuing with private treatment. No information was available.
- There was no evidence available in relation to emergency treatment, but the PCT or the hospital could have some information.

Question 5

Have you any knowledge of patients utilising the new NHS Direct information services for accessing NHS dentistry, if so, what have been the outcomes?

Answer

NHS Direct has been contacted but no additional information is available to that referred to at 1.1 above

Question 6

The recent Audit Commission Report on primary dental care services suggested that "current arrangements are dentist – centred, not patient – centred" and went on to give a number of examples (2.2.4, para 29). Would you agree with such a statement and have you any examples relating to Southend?

Answer

- There is no statistical information available but the CHC have some knowledge of this issue.
- There is a lack of information for the general public in dental practices and in the wider community. Examples given were costs, details of opening times and the perception of restricted opening times in a commuter town.
- Communication for speakers of other languages was also poor.
- If the practice was patient-centred more choice of treatment would be offered to patients.
- Emergency cover is variable and not as good as that provided by doctors. Patients end up visiting doctors or A&E because they cannot contact a dentist.
- Employers are increasingly likely to insist that a visit to the dentist is unpaid compared to a doctor's appointment where the norm is still to allow paid time-off.

Question 7

Have you any evidence from patients that the mixing within the same course of treatment of private and NHS items causes confusion?

Answer

- When patients have a mix of private and NHS treatment there is often confusion. It is felt that dentists could do more to clarify the position in what is often a stressful situation for the patient. In H Chandler's survey it was the most frequently raised issue.

Question 8

Have you received any comments in relation to the transparency or otherwise of charging structures for dentistry?

Answer

- Charges are an issue; there is concern about the lack of transparency for patients.
- If a dentist has to refer to the equivalent of the old Dental Assessment Board for advice as to whether the treatment can fall under the NHS or not, the time delay in obtaining an answer can be considerable.

Question 9

Do you disseminate information and advice about NHS dentistry as recommended by the Patient Empowerment Task Group? If so, how is this done and what feedback have you received on its effectiveness?

Answer

- The CHC disseminates some information along with other health agencies. This is done through talks, visits and displays.
- There has been virtually no feedback on its effectiveness

Question 10

The Chief Dental Officer's Dentistry Modernisation Steering Group stressed the importance of NHS dental patients being represented on the new Patients Forums. It also felt that dentistry issues should be a standard item at their meetings. Do you agree and what might be the mechanism for bringing this about?

Answer

- CHC agree that it is important to have a dental patient voice on the proposed Patients Forum. The mechanism for this will be as much communication as possible before the CHC is abolished.

- H Chandler felt that dental services were not a high priority for the NHS, there being other more pressing issues. It was therefore important to apply pressure from the grass roots i.e. the patients. He felt that mechanisms to bring this about were well developed in S E Essex.

Additional points

- On the NHS Direct paper submitted via the Committee, there was no mention of disabled access. It is important to have disabled access to the surgery and also to the dentist's chair.

- B Furr suggested that the Community Dental Service could provide such support, but it was uncertain whether this could be provided to an individual at home.

- Notices in dental practices need to be clear, but also in other languages; there are 38 recorded other languages in use in Southend.

- The public need to be encouraged to complain if dissatisfied.

- Councillors commented that if complaints were made to them they would follow them up.

- Social Services are easy to complain to or to compliment because they issue a form for such communication and are therefore seen to be encouraging comment.

- Given that much of the evidence was anecdotal, the CHC agreed to provide written "anonymised" examples which could be used to back up the "harder" evidence which it was hoped would be obtained later in the study. These are outlined below:

Southend District CHC
Supplementary information for Overview & Scrutiny Committee

1. Pressure to join Denplan or similar schemes

- In 2000 Mrs A reported that when her dentist in Southchurch went private, staff told her that there wasn't another nearby, and even if there was she wouldn't be able to get in. It would therefore be to her advantage to stay with the practice she knew, and join either BUPA or Denplan. Her mother, who lived in Benfleet attended the same practice and received the same message.

  Neither could afford to pay for private care and their PCTs assigned them to other NHS dentists. Mrs M's dentist is due to retire in 2003 and she has been advised that the nearest NHS dentist is now in Westcliff.

- Mr B reported that he felt 'sort of blackmailed' out of my existing NHS relationship into taking up that care-plan (additional insurance) or go….' He stated that 'others have made similar comments'

- Mr C refused an 'invitation' to join Denplan, condemning what he termed as 'blackmail' '…whether I am blackmailed out of your surgery on this quota system or have to pay privately …' He also pointed out that even under Denplan there would be additional costs, e.g. lab costs, that were only mentioned in the 'small print'.

2. Patients unable to register with a NHS dentist outside 'catchment' area

- In 1996 Mr and Mrs D moved from Hornchurch to Southend and found it difficult to register with a NHS Dentist. One application was denied because it was outside the dentist's catchment area; one was denied because the practice was full. They eventually

registered as private patients in Thorpe Bay. Eight years later, when both were pensioners, they were accepted as NHS patients by the same practice.

- In March 2003 Mrs E, who wanted to transfer from her existing practice in London to a local practice, suffered a painful dental abscess. In need of urgent dental treatment, she approached a practice in Thorpe Bay, which said it could not accept her because its list was full. Because her need was urgent she eventually had private care at her London dentist.

3. Waiting lists for NHS practices

- Mr and Mrs F were put on to a waiting list for a practice in Westcliff while they were attempting to appoint another partner. The practice eventually scrolled and cleaned its database and found it possible to take on new patients. This, in Station Road, was commended as providing a computer printout of the treatment that is required and the itemised cost for each procedure.

4. Inadequate treatment

- Mrs G was eventually registered as a NHS patient with the Thorpe Bay practice, but found the NHS treatment to be inadequate and 'almost non existent'. She therefore attended a private dentist in Southend, but felt exploited because the treatment here was too frequent and invasive – and always accompanied by a paid for visit to the dental hygienist. On one occasion he suggested that he redo a filling that he had inserted six months previously. Mrs B did not have Denplan but felt the charges were geared to those who did.

5. Overseas visitors

- Mr H is covered by German Health Insurance, which provides for an annual visit to a UK dentist. He is concerned that he must wait for two weeks for a routine NHS inspection, pointing out that the system in Germany is much quicker and that there is a greater choice of dentists from which to pick.

- Despite being covered by his German Health Insurance, Mr H was sent a leaflet on Denplan. He commented that the charges under Denplan were equally unclear as those for NHS and private dental care, adding 'To me this sounds like ….. if I don't join your chosen programme I have to pay privately, and you would not recognise my entitlements to NHS provision……..' and with respect to the comparative benefits of PPP and Denplan observed 'I can see only the benefits for your company (surgery) …….'

6. Lack of clarity in charges

- Mr I observed that dental practitioners (like vets) feel that their charges are not scrutinised and with insurance cover, they have seized the opportunity to exploit. The less well off, including pensioners, are therefore disadvantaged.

- Mr and Mrs J said '….we don't know of anyone who understands the charges for dental care. The only incentive for dentists to take on NHS patients would be more money…'

- Early in 2003, Ms K moved from London to Westcliff and registered with a local practice. Having received treatment and paid her bill, she realised that she had not been told at any stage whether she was a NHS or private patient. Only later, when she realised that the practice had no interest in obtaining her NHS number did she realise that she was a private patient.

- The same dentist was not keen to carry out conservation work, e.g. root canal or crowning a tooth, saying he preferred to extract the tooth. Ms K therefore returned to her original dentist in London who could not understand why an extraction had been suggested. She concluded that it was to gain extra income.

- In 2001 Mr L went to a local practice with which he had previously been registered a NHS patient, but which he had not attended recently. When he received the bill for treatment, it was for private dental work. He contested this and was 'reinstated' as a NHS patient.

- During the 1990's Mr M had eight years of treatment at a Birmingham practice, believing all the time that he was a NHS patient. It was only after leaving the practice to move to Southend that learnt that he had been a private patient all the time!

7. Patients' fears of compromising their NHS status by including private care in their treatment plan

- Mr and Mrs N said that if a patient was not already registered with a NHS dentist the only way to get emergency care was to 'go private' and pay a fee of at least £50. Having done so, it was unclear how to then become a NHS patient.

- Mr O noted that some NHS dentists do not provide all NHS services, and consequently some items of care are provided as a private patient. He was concerned that opting for some elements of private care would compromise his status as a NHS patient in future.

8. NHS dentures/technicians

- Mrs P – who has extensive networks within organisations for older people in Southend - commented on the need for training and standards for dental technicians, observing that none locally can make a good bottom set for NHS patients.

9. Access – DDA issues

- Mr Q, an increasingly frail older person with extensive local networks, commented on two NHS dental practices in Shoebury. One has a ground floor surgery and is wheelchair accessible but does not make NHS dentures. The second has a first floor surgery with a massive step at the front. It is accepting new NHS patients but only makes NHS dentures for those on Income Support, and even then, only at the discretion of the dentist.

10. Access/ transport issues

- Mr and Mrs R observed that when a local dentist has an extended period of sick leave his practice was unable to accept new NHS patients, who consequently had to travel further afield for both routine and emergency care. The local situation has now been resolved, but they commented that for many older people, the cost and trouble of travelling to a dentist is a major deterrent, particularly for those with visual or mobility problems.

11. Income support patients only

- Mr B, Mr and Mrs J and Mrs S all observed that it was only possible to register with a NHS dentist in Southend if one was on income support or other benefit.

12. Finding out about the availability of NHS dentists

- Mrs T reported that 'she did not know if there was a NHS dentist operating in her area' She says 'you need to be able to easily find dentists who will accept NHS patients, and also if their surgeries are suitable for disabled access'. She states that there needs to be a register of such dentists held by GPs, PCTs or dentists themselves and available through the free press. The information should state clearly who will be accepted as a NHS patients, how to register and whom to contact.

13. Information about making a complaint (including current complaints)

- Mrs U, who works in a local health facility, says that she is unsure about how to make a complaint about NHS or private dentists.

- Mr V complained to the Dental Practices Board about alleged clinical negligence
- Ms W complained about dental provision for people with Aids/HIV
- Mr X complained about standards of care in her practice
- Ms Y claimed compensation for alleged clinical negligence

SOUTHEND ON SEA BOROUGH COUNCIL
HEALTH OVERVIEW AND SOCIAL SCRUTINY COMMITTEE
ACCESS TO NHS DENTISTRY IN SOUTHEND

WITNESS SESSION NO.2 – PRACTITIONER GROUPS
2nd JUNE 2003

Attendees

Mr David Bowry – Community Dental Service (CDS)
Ms Hilary Sykes – Community Dental Service
Ms Jan Cheal – Community Dental Service
Mr Neil Gaubert – South Essex Local Dental Committee (LDC)
Mr David Murphy – South Essex Local Dental Committee
Mr David Entwhistle – South Essex Local Dental Committee
Mr Neil Fraser – British Dental Association (BDA)
Mr Paul Abbott – British Dental Association

1. COMMUNITY DENTAL SERVICE (CDS)

1.1 CDS representatives made the following general comments on the questions submitted:-

- This area has a higher than average need for care of house-bound patients.
- Orthodontic patients are being dealt with by a locum, or being referred on.
- 24 hour emergency treatment is available, with referral to Runwell Dental Unit, if necessary. Approximately 6 or 7 calls can be dealt with by telephone, offering temporary measures until they can be referred the next day to a dentist.
- There are no mobile units available, as originally funded by regional health authorities. It was found that parking of these large vehicles was a problem, unless visiting a school or residential home, as well as being time consuming and costly.

1.2 CDS representatives responded as follows to the questions previously submitted on behalf of the Committee:-

Question 1

Could you describe for Members the current remit of the Community Dental Service with particular reference to the client groups which it serves and its budget and staffing levels ?

Answer

- Patients who require some behaviour management and modification
- Treatment under general anaesthetic (mainly children and adults with learning difficulties)
- Clinical assessment and care for house-bound people
- Orthodontics (no new patients as ceasing October 2003)
- The CDS has a total budget of £252,625, which for the size of the area is small.
- Currently they have 12 members of staff

Question 2

Could you compare the Community Dental Service with the developing trend towards NHS Dental Access Centres as championed in "Modernising NHS Dentistry" - Do you consider that your service could perhaps serve as an embryonic Dental Access Centre ?

Answer

- The CDS agreed that they could act as a embryonic Dental Access Centre.
- The CDS stated that an Access Centre had been set up in South Ockendon, and had been very busy. However this had been curtailed by the local Health Authority as it had not promoted registration to local dental practices.
- Service would also be limited due to staffing.

Question 3

The British Dental Association Primary Dental Care Working Party discussion document states that "policy defining the role of the Community Dental Service has varied considerably over the years but has rarely been clearly stated. This is frustrating for those working within it. This policy blight must be corrected if real progress is to be made." Would you like to comment on this statement?

Answer

- The CDS agreed with this statement
- There are differing interpretations of the guidelines defining the role of the CDS.
- The School Dental Service is still available unchanged from its inception in certain areas.
- There is an ongoing review relating to National Guidance/Criteria/Policy
- Children should expect 3 dental checks within their school life.
- There are staffing difficulties for children in mainstream schools
- The CDS reports that 15-20% of children require treatment. These are given referral letters and forms but there are no figures to support how many actually seek treatment.

2. SOUTHEND HOSPITAL DENTAL SERVICE (HDS)

2.1 Following an emergency situation, the HDS representative, Tina Loopstra, was unable to attend the meeting. However, she subsequently submitted the following responses to questions previously forwarded on behalf of the Committee:-

Question 1

Could you describe for Members the current remit of the Hospital Dental Service with particular reference to the client groups which it serves?

Answer

Southend Hospital provides an Oral Surgery and Orthodontic Service for all residents of the Southend and Rochford & Castlepoint PCTs.

The Oral Surgery Department accepts referrals from General Medical Practitioners, General Dental Practitioners, as well as internal referrals from other specialities within the hospital, and has no restrictions or referral guidelines.

The Orthodontic department has referral criteria, which have been sent to all GDPs in the Southend and Rochford & Castlepoint areas, as well as Basildon & Thurrock, as the department also provides a service for patients from that District.

Question 2

What proportions of the work of the Hospital Dental Service's work fall within the following categories:-

- Orthodontic
- Restorative
- Oral surgery
- Cancer services
- Cleft lip/palate

- Paediatric dentistry?

Answer

The Orthodontic Department plans to see 503 new patient and 7,522 follow-up patient episodes in 2003/04. At present there is a 13 week wait for a routine new patient appointment.

The Oral Surgery Department plans to see 3,735 new patient and 6,141 follow-up patient episodes in 2003/04. At present there is a 15 week wait for a routine new patient appointment.

For routine inpatient and day case work, the current wait for treatment is approximately 3-4 months.

The routine wait for outpatient minor surgical treatment is approximately 12 months.

The service provided includes oral surgery, cancer services and paediatric dentistry. The Department does not provide a restorative or cleft lip/palate service (which is provided by the Plastic Surgery Department).

The main inpatient/day case work of the department is broken down as follows:-

- Extraction of impacted wisdom teeth 51%
- Extraction of other teeth 22%
- Temporo-Mandibular joint surgery 3%
- Orthodontic dentistry (eg exposure and bonding) 10%
- Skin and mucosal surgery 11%
- Bone grafting/surgery 3%

The department is not in a position to clarify the type of outpatient workload currently undertaken, as outpatient activity is not procedure coded.

Question 3

What is the impact on the Hospital Dental Service of difficulties in accessing NHS dental services in Southend?

Answer

The department has no figures that could either support or deny an impact on the department. The department does not accept self-referrers, all patients are either referred by a GDP or GP.

Question 4

How many cases would you estimate were dealt with by the Hospital Dental Service which would appropriately have been handled by the General Dental Service of the private sector?

Answer

The department plans to see approximately 1,768 patients for minor surgical procedures carried out in the outpatient setting in 2003/04. It is estimated that a General Dental Service could carry out a large proportion of this work, although the department does need to perform a percentage of this work for junior doctor training requirements.

3. S.ESSEX LOCAL DENTAL COMMITTEE (LDC) AND BRITISH DENTAL ASSOCIATION (BDA)

3.1 The LDC provided a written response to questions previously supplied which was given to Members prior to the meeting. Questions and preliminary written answers are outlined below. Additional comments on each question are outlined in *italics.*

Question 1

Could you briefly describe for Members the functions and remit of the body which you represent.

Answer

South Essex Local Dental Committee represents dentists holding an NHS list number in Southend, Castle Point and Rochford, Basildon, Billericay Brentwood & Wickford and Thurrock Primary Care Trusts. Local Dental Committees were established in 1948 and the NHS Act 1977, 1999 Health Act and 2002 National Health Service Reform and Health Care Professions Act enables Primary Care Trusts to consult with LDC's on matters of local dental interest. LDC's make nominations to dental discipline committees, PCT committees and some forward looking Primary Care Trust Professional Executive Committees.

There are approximately 20,000 members nationally with approximately 100 locally. There is an overlap of membership between the LDC and BDA with approximately 60% membership in general practice, slightly more amongst community services and hospital dentists.

BDA membership is open to all dentists. LDC membership is by election from dentists working in General Dental Practice although they do co-opt members from the Hospital and Community Dental Services.

Question 2

A 1999 survey showed that 41% of those seeking access to a dentist in South East and South West England had "some degree of difficulty", as compared with 12% in Northern England. Have you any evidence of the situation in Southend.

Answer

The PCT only monitors the dental NHS access - it does not have to provide a dentist for every member of its population (it does have to provide a doctor). Access in Southend - figures for registrations are available on the DPB website: they show that there is a 51.9 / 100 take up rate for adults, and 64.6/100 for children. Many Southend residents will see a dentist from outside the PCT area (this will be a significant number). There are 55 dentists with an average list size of 1563. These figures put Southend PCT in fifth place out of thirteen in Essex for registrations (up to end of March 2003). This could indicate that the situation is probably better in Southend than most - but there is concern that the Apollo Dental Clinic is 'going private' so that access will get worse soon.

Neil Fraser stated that there was no supporting evidence to suggest a difficulty in registering. Of the 20 dental practices in Southend approximately 8 are accepting new NHS patients. The figures relating to practice size vary, due to patients not returning within 15 months and then having to re-register. Some of the available NHS practices are not always convenient to where the patient lives. There is also evidence to suggest that people will register with a dentist close to where they work rather than where they live.

Question 3

Have you any views on reasons for the relative difficulty of accessing NHS dentistry experienced by some Southend patients?

Answer

Currently dentists are only obliged to provide NHS dental care for those patients registered to them. Registration is for 15 months from first seeing the dentist but lapses if the patient does not return in that time. In response to the Prime Ministers Pledge that all patients should have access to NHS dentistry by September 2001 local schemes were set up over South Essex and known as "mini PDS schemes". Dentists were contracted under these schemes to see unregistered patients on a rota basis with patients being referred direct from NHS Direct, PCTs or self-referral. However due to lack of publicity and failure of NHS Direct's systems to be able to make referrals very few patients were seen. The schemes were therefore cancelled by the PCTs. Although South Essex LDC are prepared to discuss ways to revive the scheme the PCTs appear to believe there is no need to make specific provision to meet the Prime Ministers Pledge.

It was confirmed that there was a limited weekend service for emergency treatment. The LDC/BDA stated that the PCT and themselves have some communication difficulties.

The LDC has notified Southend PCT of a dentist prepared to offer dental advice but they are rarely contacted. Communications with the LDC concerning dental matters rarely occur.

Question 4

A survey by the Consumers Association in June 2001 suggested that only 60% of dental practices were accepting new NHS patients. Similarly, although across the country as a whole dentists say they take only 15% of patients on a private basis, in the South East the figure is 50%. Do you have evidence in relation to the relative proportions of private to NHS treatment in Southend?

Answer

No figures for Private / NHS ratio locally but I would think that Southend dentists are typical of the national picture i.e. 60% of GDPs get 75% of their income from the NHS. All General Dental Practices are privately financed and run. It is for the practice owners to decide how best to provide care for their patients and to make the profits that are essential for a successful practice. If NHS fees are insufficient for profitability then increasing private provision is essential. As the NHS fees are the same all over the country, in areas of high overheads the possibility of profitable NHS practice decrease.

The figures shown were difficult to quantify as patients can choose to have treatment started under the NHS and continue with private care, if a particular treatment is not available under the NHS.

Question 5

The Patient Empowerment Task Group of the Dentistry Modernisation Steering Group suggested that "steps must be taken to ensure that dental practitioners are not able to create barriers to NHS treatment by setting conditions for the acceptance of NHS patients". Examples given include only accepting children if parents agree to private treatment, or insisting on a private examination before accepting a patient onto the NHS. Do you have any evidence that this practice is or has been prevalent amongst the dentistry profession in Southend?

Answer

I have not heard of such conditions being applied in Southend. If the NHS remuneration system provided an adequate fee to provide a thorough oral health assessment and time for discussion on the treatment choices and expected outcomes, dentists would have fewer problems offering NHS treatment. If NHS dental treatment offered the full range of modern dental care options together with satisfactory fees for the treatments, dentists would have fewer problems offering NHS treatment. However in today's NHS the basic fee for examination is £6.65 and many modern treatments are not available on the NHS fee scale.

The LDC/BDA confirmed that cosmetic treatment under the NHS is very restricted.

Question 6

Patient representative bodies have indicated in evidence to us that many dentists, particularly when moving from NHS to private provision, have encouraged their patients to take out a subscription to "Denplan" or a similar plan. Could you explain briefly how such plans operate?

Answer

Denplan is a private capitation system where for a fixed monthly sum a patient is provided with all their routine dental care at their dental practice. The amount a patient pays is determined by assessment of their dental health and placing them in one of five price bands according to the condition of their teeth and health of their gums. The practice determines the level of charges for each band according to their overheads and profit required. Denplan collects the charges, deducts a small administration charge and returns the rest to the practice to provide the care required. It is not an insurance system and the practice does not have to claim fees for work done. Denplan's administration charge provides the patient with worldwide accident and emergency insurance for emergency treatment while away from home plus 24 hour emergency telephone support for referral to a dentist. They set practice quality standards and inspect practices to ensure they are met. In addition they have a complaints and conciliation service for patients.

Whilst the Denplan system is widely liked by the dental practitioners, patients do incur additional expenses relating to laboratory fees and dentures etc. The NHS is looking at the possibility of introducing a similar system in the future.

Question 7

The recent Audit Commission Report on primary dental care services suggested that "current arrangements are dentist – centred, not patient – centred" and went on to give a number of examples (2.2.4, para 29). Would you agree with such a statement and have you any examples relating to Southend?

Answer

Under the current NHS General Dental Service practices are privately funded by dentists and run as businesses. The decision on which patients to accept is therefore made by the practice according to how they wish to practise.

Question 8

The Chief Dental Officer's Options for Change Working Group stated (para. 2.21) "The profession would prefer to separate the direct link between patients' visits to the dentist and charge collection." In your view how might this improve access to NHS Dentistry?

Answer

Given that the government currently raises £500,000,000 per annum in dental charges it seems fair that those who require the treatment should pay the charges. Any improvement to the system which makes the collection of this level of charging easier to understand for the patient, when they are constantly being told that the NHS is free at the point of delivery, and does not make the dentist liable for the cost if unable to collect the charge is likely to remove barriers to dental provision.

Question 9

In your view, would Southend dentists wish to participate in some of the new initiatives e.g., the provision of dental services at a multi-facility health centre, currently being mooted?

Answer

If adequate funding was available for the establishment of such facilities and suitable arrangements could be made to compensate dentists who have made high levels of investment in their current practices, it may be possible. However dentists are generally happy with the flexibility under which they can practise at present, to suit the policies being pursued by governments to the needs of their patients and practices.

Younger practitioners would probably be willing, but at this time nothing appears to be happening.

Question 10

Do you have any views on the need or otherwise for a specific treatment interval for patients? How might this impact on access?

Answer

All patients are different in their needs and expectations of dental treatment. Current dental care aims to prevent dental disease, and the dentist and patient together are best placed to determine recall intervals. If the NHS is going to increase recall intervals, this could further restrict some patients' access to NHS care.

The standard recall interval is 6 months, but some NHS practitioners lengthen this interval if the patient has good oral health.

Question 11

What would it take to encourage "private" dentists to return to the NHS fold?

Answer

Make dentistry part of mainstream NHS and not an isolated outpost. Good relations and contact with PCTs who show a knowledge and interest in dentistry. NHS system that is genuinely interested in quality of dentistry, appoints Dental Practice advisors in all areas, has a rolling programme of practice visits and supports, advises on and properly funds Clinical Governance in dentistry. Give access to Occupational Health Services for dentists and their staff. Provides access to NHS Superannuation scheme for staff. Decisions made as to what level of dental care the NHS is prepared to pay for and clearly explained to patients. It has already been stated that there is no more funding available under Options for Change and it is a matter of finding a better way to direct it. Dentists need to be involved at a local level to determine local dental needs for the NHS. Dentists need to be assured that the funding for a new system of delivery will not later lead to cuts in funding if the results of reform do not lead where the NHS expects, as in 1992.

Dentistry is not represented on the PCT in Southend. Dentists who are in private practice do not return to the NHS.

Currently there is no dentist sitting on Southend or Castle Point and Rochford PCTs' Professional Executive Committees although national guidance does suggest that this could be an effective means of securing dental profession input into the PCT's decision-making process.

Question 12

Have you any comments on proposals to disengage the provision of treatment from the fee per item remuneration system by long term cost and value contracting with case mix taken into account? Would dentists be likely to welcome the consequent development of direct contractual arrangements with the NHS and would this improve patient access?

Answer

The current remuneration system is essentially unchanged from when the NHS dental service was established. It was designed to meet the needs of the time (high treatment need) and dentists have been trying to work within this framework to provide modern preventive care dentistry with increasing difficulty. However, new ways of funding NHS dentistry would need thorough trial and evaluation to prove they would be better for patients and practices.

There is a need to simplify the NHS charging system. Patients would be happy to have a set charge for the treatment required, rather than being given various amounts for different parts of the treatment. The NHS are planning a major change to treatment charges in the next 18 months. At the moment, for patients who have to pay, the NHS dental charge is 80% of the total treatment charge. The NHS covers only 20%.

Question 13

Para. 2.11 of the Options for Change report states that the "existing pay system discourages practice growth and may restrict cost-effectiveness." What would be your comments on this statement in relation to the situation in Southend?

Answer

Options for Change suggests that it would be more cost effective for dentists to work in larger practices thereby making savings in overheads. Currently Southend practices are of varying sizes from single-handed to seven surgeries as is typical across the country.

Currently in Southend there are 21 practices, 8 of these are run single-handed, 4 have practices with 5 or more dentists, the remainder are of varying sizes.

Question 14

Options for Change includes the previous proposal as one element in a "menu of options in which (dentists) can contract with the NHS." Other elements suggested are sessional payments, or a greater element of salaried employment as well as combinations of these. Has your Association any views on these suggestions?

Answer

If the NHS has the wish to finance the provision of high capital cost dental surgeries in preference to the current privately financed surgeries some dentists would be interested in salaried employment. However someone has to define the level of dental care the NHS is going to deliver. If this is going to be restricted it may not be attractive employment if you are unable to use all your skills as a dentist. Sessional payments were successful in attracting dentists to work in Mini PDS emergency dental care schemes.

The LDC/BDA confirmed that younger dentists would be more willing to look at salaried positions within a NHS financed surgery. At Peterborough Dental Access Centre, set up at a cost of £1m, the cost per patient is approximately £250. That is many times more expensive than a visit to a General Dental Practice. Dentists would welcome access to such levels of funding and it would end any problems for patients accessing NHS Dentistry.

Question 15

The Audit Commission report on primary dental care services suggests that, when the Government proposed to introduce sessional payment in the mid 1990's in an attempt to reduce "perverse incentives", this was rejected by the profession. What were the reasons for such rejection?

Answer

Following the 1992 fee cut, the government commissioned a review of dentists remuneration - the Bloomfield Report. One of the options was a sessional fee. It did not go down well with GDPs because of distrust with the then Department of Health and it was never followed up. Sessional fees were introduced for mini PDS but also allow claiming for work done.

Question 16

The recent Audit Commission report says that dentists describe the "piecework" system of remuneration as a "treadmill". Two-thirds of dentists considered that their workloads prevented them from providing an adequate standard of care for the NHS patients. Does this describe the experience in Southend?

Answer

The current remuneration scheme was identified in the 1960's as a treadmill in the Tattersall report. When there was a target income for dentists, if the average dentist exceeded the target the item of service fees were reduced the next year. This steady erosion of fee levels over the years has led to dissatisfaction with the fee levels and a consequential increase in private practice.

3.2 Members made the following additional points:-

- It was suggested that the Department of Social Care be contacted with regard to children in care, and how they access dental treatment.

  Note: the following comments have been received from the Director of Social Care:-

  In the last reported statistics (2002) 89% of children who had been looked after for a year had seen a dentist in the last year. Neither the Fostering and Adoption Service nor the PCT Team dealing with Looked After Children have received reports from carers or children of problems with access to dentistry services.

  No reports of any concerns from reviewing officers involved in cases have been received.

- Councillor Crystall suggested that the Committee look at costs for similar services in comparative towns

- It was suggested that a copy of a report by the National Audit Office regarding Value for Money should be obtained. *(Note: according to the National Audit Office website, the last such report on the General Dental Service was in 1984/5).*

SOUTHEND-ON-SEA BOROUGH COUNCIL
HEALTH OVERVIEW AND COMMUNITY SERVICES SCRUTINY COMMITTEE
ACCESS TO NHS DENTISTRY IN SOUTHEND

WITNESS SESSION NO.3 – OVERSEEING BODIES
9th JUNE 2003

Attendees:
Mr Neil Smillie – Southend-on-Sea Primary Care Trust
Mr Andrew Stride – Southend-on-Sea Primary Care Trust
Ms Pat Collyer – NHS Direct
Ms Hilary Scarnell – NHS Direct
Mr Andy Vowles – Essex Strategic Health Authority
Mr Melvyn Smith – Essex Strategic Health Authority
Ms Elaine Roe – Essex Strategic Health Authority

1. INTRODUCTION

1.1 The following papers were submitted by NHS Direct and the Department of Health as supporting evidence:

- Screen shots from nhs.uk
  a) In hours
  b) Out of hours
- Extracts from information e-mailed to the site by local PCTs re out-of-hours provision and provision for unregistered patients
- Southend-on-Sea and Castle Point and Rochford PCTs Sunday Rota, April-September 2003
- Information/statistics re calls received during April and May 2003
- 'Options for Change' – Terms of Reference
- 'Options for Change' – press notice announcing report (August 2002)
- 'Health & Social Care (Community Health & Standards) Bill' – summary of the dentistry provisions

2. DEPARTMENT OF HEALTH

2.1 The Department of Health responded as follows to the questions submitted on behalf of the Committee:-

Question 1
Following the "Prime Minister's Pledge" on access to NHS dental services, the Government strategy document on "Modernising NHS Dentistry" was published in September 2000. Prior to this, the House of Commons Health Select Committee advocated "action … the time for reform is ripe." Subsequently a plethora of working groups (Dentistry Modernisation Steering Group and its Task Groups, the Options for Change Working Group with its Task Groups, the Primary Care Dental Workforce Review and the Audit Commission) have published proposals. What is the Department's and the Government's position on the implementation of the proposals in these reports?

Answer

- The Health Select Committee's session on Access to NHS Dentistry was held on 15th February 2001.
- Following this session, a further group was convened to develop proposals for 'Options for Change' in modernising NHS dentistry, and a report was published in August 2002. This included the plans that were set in place at that point for demonstration field sites to be led by the NHS Modernisation Agency.

- Also at this session, the then Minister committed the Government to a review of the workforce needed for primary dental care. It is intended that that review should be published later this year.
- The Health & Social Care (Community Health & Standards) Bill was published in March this year. This includes proposals to bring the provision of NHS dentistry under the aegis of Primary Care Trusts, and is intended to provide an enabling framework to implement the proposals set out in 'Options for Change'.
- Most of the recommendations in the Audit Commission report (September 2002) will be addressed by the programme of reform now under way through 'Options for Change' and the legislation before Parliament.

Question 2

The Chief Dental Officer's 'Options for Change' report refers to the implementation of proposals for demonstration sites, working with volunteer PCTs to develop commissioning options and new forms of contracting and developing an ICT infrastructure for dentistry. What progress has been made towards these developments? In particular, have any demonstration sites been established, bearing in mind that 'Options for Change' concluded that reforms to patient charging and NHS/private mixing needs to await the outcome of this?

Answer

- The process of developing field sites is now under way, and Southend PCT is one of 50 locations working in a number of groupings, by theme.
- The first priority is "to test new, local models of commissioning dentistry, and funding and remunerating practices".
- Other high priority tasks under way and mentioned in 'Options for Change' are:-
  - Workforce review
  - Development of clinical pathways
  - Exploration of options for linking dentists to NHSnet
  - Addressing infrastructure issues for NHS dentistry
- Work to address options for a new patient charge régime is expected to commence shortly.
- Further work on mixing (private/NHS treatment) will be scheduled in due course; the Office of Fair Trading report on 'The Private Dentistry Market in the UK' (March 2003) will be relevant to this, and the Government has now published its response in the form of an Action Plan on private dentistry which implements the OFT's recommendations, including the following:

  1. Measures to ensure that dental patients are provided with the information necessary to make informed choices by requiring dentists to:

     - Display prominently details of what services are available under the NHS and what services the practice provides privately.
     - Make available Department of Health information on NHS treatments (both by supplying the information on demand and making patients aware that it exists).
     - Ensure that patients know whether they will be treated under the NHS or privately for each treatment proposed and what the potential options are (and that where appropriate the dentist explains to the patient why private treatment is being offered).
     - Ensure that where appropriate the relevant forms required for mixing NHS and private dentistry are completed and signed by the patient so that they realise under what terms their treatment is being provided.
     - Refer existing patients who want NHS treatment to the relevant body if they stop offering NHS treatment.
     - Routinely transfer copies of patient records and radiographs when patients change dentists.

  2. The use of clinical pathways in conjunction with the new contractual and remuneration arrangements to be introduced subject to the enactment of the Health and Social Care Bill, which will contribute to addressing concerns about incentives to

under or over treat patients, for example through payment systems or through lack of information on the patient's part.

3. An OFT awareness campaign to ensure that consumers get the information they need.

4. Ensuring that, should things go wrong, there are adequate procedures for dealing with complaints.

5. Ensuring that regulations do not impose unnecessary restrictions on the business of dentistry.

2.2 Remaining questions had been passed to NHS Direct.

3. NHS DIRECT

3.1. NHS Direct representatives responded as follows to the questions previously submitted on behalf of the Committee:-

Question 1
The NHS Plan reaffirmed a commitment by the Prime Minister that by September 2001 anyone would be able to find an NHS dentist simply by calling NHS Direct. What mechanisms have been put in place to meet this aspiration and how effective have they been?

Question 2
"Modernising NHS Dentistry" stated that:- "NHS Direct's role would grow to include four key aspects of dental care and services, transforming the quantity and quality of the information available. NHS Direct staff will get extra training and information so that in 2001 everybody will be able to contact NHS Direct (or NHS Direct Online) and quickly get good accurate advice on:-

- Dental health problems and how to cope with them
- Patients' rights, including information on charges
- Where to find an NHS dentist
- How to get services outside normal working hours"

To what extent has this happened?

Answers to Questions 1 and 2
- NHS Direct have implemented a reporting function to ensure that all dental calls are recorded and available to be reported upon separately.
- Call handlers answer calls made by the patients, taking demographic details and information about the presenting problem. They are in a position to forward the patient direct to the 999 service if appropriate.
- If the call is urgent, it is put straight through to nursing staff. If it does not require an immediate response, and there is no nurse free, then the call is allocated a priority level and placed on a "call queue".
- If a member of the public phones requesting information only, the call handlers have the information available, including information about charges and out-of-hours provision.
- A dental applet is completed. This provides the data which is collated by NHS Direct sites on a monthly basis and forwarded to the DoH for dissemination to local level.
- It was agreed by the Dental Strategy Group that only one source of reliable information should be used by NHS Direct call centres to find out particulars of dentists to provide to callers. It was agreed that nhs.uk would be the source for this information.
- Responsibility for providing up-to-date information on local availability of NHS dentists rests with PCTs. It is difficult to keep up the flow of timely information in a rapidly-changing environment.

- A training package has been prepared and delivered across NHS Direct sites to ensure that all staff are aware of the nhs.uk website and how to use it, and are familiar with the reporting mechanism for dental calls.
- Two sites have piloted the use of dental nurses to answer calls requiring triage for symptomatic dental health problems. These have been very effective, and consideration is now being given to how the pilots may be replicated as part of the national service.
- The reporting requirements for PCTs on dentistry access are set to change in the course of 2003/04. NHS Direct is working to ensure that data collected on dental calls to the service will be collected in such a way that PCTs can report on them as required for the revised dataset.

Question 3
Do you have any information/statistics on the number of enquiries about access to an NHS dentist which have emanated from the Southend area?

Answer
- Statistics indicate that there were 50 calls during April of this year, and 41 during May.
- It is difficult to produce precise statistics as call handling staff do not always complete the dental applet. It was acknowledged that the applet is not user-friendly, and that staff do not always appreciate its importance.

Question 4
What procedures have been put in place to ensure the accuracy of information provided by NHS Direct, including ensuring that it is up to date?

Answer
- PCTs provide the information for the nhs.uk.website which is used by the NHS Direct site.
- Incorrect information is flagged by the Database Administrator, following notification by, for example, a call handler or nurse, and is then picked up by the web editor.
- Web editors do not always deal with flagged errors within the 24 hours laid down.
- The intention is that nurses and call handlers will also be able to flag incorrect information, so that it can be highlighted more immediately.

3.2 **Additional points:**
- Councillors raised concerns about how well the site was advertised. NHS Direct stated that all dentists and GPs had been advised about it, and that details of the website and phone number were in all phone directories and NHS publications. It was felt that a more memorable phone number, e.g. 888, would be useful.
- Councillors were also concerned that information about the physical access to dental practices for people with disabilities was not always included on the website.
- It was pointed out that there is currently no out-of-hours provision on weekdays for unregistered patients in Southend.
- Concerns were also expressed for patients who contacted a dentist from the list, but who were unsuccessful in their attempt to register. It was agreed that such patients should be encouraged to feed back to the PCTs as well as NHS Direct, so that the information was passed on more promptly.
- It was agreed that it was very difficult to keep the website up-to-date, as details were changing all the time. NHS Direct emphasised that they were only responsible for passing on the information, and not for the accuracy of the information itself.
- NHS Direct agreed that, although the target date had been September 2001, there was still some work to be done by all the organisations involved to meet the commitment.

4. SOUTHEND PRIMARY CARE TRUST

4.1 Southend Primary Care Trust representatives responded as follows to the questions previously submitted on behalf of the Committee:-

Question 1
Do you have any local figures for the proportion of Southend adults registered for continuing dental care (45% nationally)?

Answer
- The Dental Practice Board website indicates that 52 adults per 100 population in Southend were registered for continuing care with an NHS dentist at the end of March 2003.
- Registration rates have been increasing steadily in Southend since 2000.

Question 2
A 1999 survey indicated that 41% of patients in S.E and S.W. England experienced difficulty in accessing NHS dental services. Do you have a comparable figure for Southend?

Answer
- An audit carried out by the South Essex Primary Care Support Team between mid April and mid May found that:-
  a) 100% of callers were directed towards an NHS dentist within the Southend PCT area, and that 73% were directed towards an NHS dentist within the same area of Southend, the remainder being sent elsewhere in the Town, almost all to the neighbouring area (e.g. Westcliff patient sent to surgery in Eastwood).
  b) 86% of callers seeking urgent treatment were seen by a dentist within the PCT area as a matter of urgency.
  c) All callers to NHS Direct seeking registration were directed towards an NHS dentist within one mile of their home.

- This suggests that much of the anecdotal evidence of difficulty in accessing dental services in Southend may be more due to a lack of awareness of how to locate services rather than a lack of provision per se. However, this is clearly a problem and the PCT is committed to reviewing the accuracy of dental service information available via NHS Direct on at least a bi-monthly basis.
- In addition the PCT is committed to working proactively to ensure that these standards of access are maintained. We regularly monitor the situation and are in preliminary discussions with the Department of Health around the possibility of sourcing central funding to increase NHS capacity in the Town.

Question 3
A Consumers' Association Survey in 2000 indicated that only 60% of dental practitioners were accepting NHS patients. Similarly, although across the country as a whole dentists say they take only 15% of patients on a private basis, in the South East the figure is 50%. What is the comparable figure for Southend?

Answer
- Within Southend PCT 62 out of 66 dental practitioners in 24 practices are currently undertaking some degree of NHS work. Eight of these 24 practices are currently accepting new NHS patients on to their list.
- Impossible to assess the amount of private work as there is no obligation to declare it.

Question 4
"Modernising NHS dentistry" refers to the development of new partnerships with potential providers of dentistry, i.e. individual GDS dentists or local groups of dentists. An example would be for individual dentists to set aside time for unregistered patients who have called NHS Direct looking for treatment. Has the PCT developed any initiatives of this kind or is it planning to do so? If yes, please explain.

Answer

- Southend PCT and Castle Point and Rochford PCT established a "rota" for unregistered patients in pain to be seen at short notice. However, very few patients were seen, making the cost prohibitive, and the rota now only operates on Sundays and Bank Holidays.
- There are currently at least two practices in Southend who are prepared to see unregistered patients in pain under the NHS.
- Southend and Castle Point and Rochford PCTs keep the situation under constant review. There is a possibility that the relatively low uptake of this rota during the week may have been due to a lack of awareness and out-of-date or incomplete information passed between the PCTs and NHS Direct. The two PCTs plan to formally review the emergency cover in the following few months, which may involve a pilot reinstatement of the rota during weekdays with a targeted campaign promoting awareness of the service.

Question 5

The recent Audit Commission report on Primary Dental Care Services refers to the development in the number of Dental Access Centres to provide NHS care for those not registered. What is the policy of the PCT in relation to a Dental Access Centre or centres in Southend?

Answer

At present, the PCT has no immediate plans to commission a Dental Access Centre; it is considered that the current methods of referral for urgent callers are preferable as they avoid the very high capital costs associated with a fixed development and therefore reduce the cost per case, whilst maintaining the same level of patient service. They also promote good working relationships and co-operation between local dentists and the PCT by not destabilising or undermining the businesses of local providers.

Question 6

Similarly, the Audit Commission Report (Case Studies 3 and 4) refers to examples of innovation in the provision of emergency out-of-hours services for both registered and non-registered patients. Has the PCT considered any proposals of this kind or is it likely to do so in the near future?

Answer

There are currently discussions at national and local level around the changing face of out-of-hours provision for all primary care services under the auspices of the Health and Social Care Act. The PCT will review out-of-hours dental services as part of the wider service configurations that will arise from the Health and Social Care Act.

Question 7

The Audit Commission Report suggests that "organisations that commission NHS services have fewer powers and levers to use than in other areas of health care." Similarly, the House of Commons Select Committee considered that "commissioning bodies do not possess the levers they require to meet the objectives of the strategy" set out in Modernising NHS Dentistry. The Audit Commission report goes on to cite this as one of the three main reasons behind unnecessary costs and quality problems, the others being the remuneration system and the failure to implement change. Do you agree?

Answer

- Southend PCT is committed to the principles of positive and supportive change management, which should lessen the need for, and importance of, "powers and levers". It is building relationships with local dentists in a number of ways and working to ensure that the PCT is ready to take on the widened remit for commissioning primary dental services from April 2005, devolved under the Health and Social Care Act.
- Southend PCT is working with the NHS Modernisation Agency on a high-profile "field site", designed to pilot new ways of delivering dentistry, with a view to national roll-out.
- A special evening forum is planned for 8th July, to which all dentists in the Southend area are invited. This meeting will be used to introduce local dentists to the PCT, to familiarise them with the evolving agenda around PCT involvement in dentistry, to launch the Clinical

Governance field site, and to start an active dialogue to ensure that dental input into PCT decision-making and day-to-day work is robust and ongoing.

- Southend PCT now has an identified Management Lead for primary care dental services within the Primary Care Development Team, to provide a strategic oversight of local services and support and advice as necessary to local dentists and patients seeking to access NHS dentistry. The PCT also has ready access to specialist advice from the Essex Public Health Network.
- Southend PCT has taken the lead in the development of a Dental Management Leads Group for South Essex, to spread good practice and discuss and share innovations to develop primary dental services across the constitutent PCTs.

Question 8

The Chief Dental Officer's report entitled "NHS Dentistry: Options for Change" emphasises the difficulties both of commissioning NHS dental services in the mid or long term and of targeting services on oral health inequalities. Direct local commissioning by PCTs via developing funding and targeting at a local level within a national framework, is seen as the way out of this impasse. Would you like to comment on this proposal?

Answer

- The changes in commissioning arrangements will give PCTs the flexibility to target services towards the particular circumstances of their population.
- The PCT has already undertaken Health Promotion work aimed at encouraging smoking cessation and healthy diets, which would impact indirectly upon oral health inequalities.

Question 9

On the assumption that the PCT has taken on the role of the former South Essex Health Authority in dealing with patients' complaints about dental services, do such complaints shed any light on reasons for the relative difficulty of accessing NHS dentistry experienced by some Southend patients?

Answer

- Southend PCT is confident that there are no significant difficulties facing patients attempting to access NHS dentistry in the area.
- The PCT has a dedicated Complaints Officer as well as a Patient Advice and Liaison Service.
- The Complaints Officer has received no formal complaints around difficulty in accessing NHS dentistry since October 2002.
- The PALS Service has received no enquiries about general access to NHS dentistry.

Question 10

Mention has been made of the availability of regeneration funding for training and recruiting NHS dentists. It is understood that discussions have been held by the PCT with officers in the Council's Regeneration Unit. What conclusions were drawn from such discussions?

Answer

- Preliminary discussions have taken place, but it is too early to draw any conclusions.
- The PCT would welcome opportunities to work in partnership with the Local Authority on any initiative to increase the capacity of NHS services in the Town, including dentistry. This might be of particular value in targeting resources at the more deprived areas of Southend, which could be an opportunity to jointly utilise regeneration monies.

4.2 Additional points

- Concern was expressed by Councillors about the exact figures used, but the PCT were confident that there was enough capacity to meet the current demand for NHS dentists. Nonetheless, they recognised that access could be improved.
- Councillors were concerned that all dentists, not just all practising dentists, should be invited to the forum on 8th July.
- As regards complaints, the PCT felt that there were too few to draw any strong conclusions.

5. ESSEX STRATEGIC HEALTH AUTHORITY

5.1 Essex Strategic Health Authority representatives responded as follows to the questions previously submitted on behalf of the Committee:-

Question 1
Could you describe for Members the role of the Strategic Health Authority in relation to the provision of NHS Primary Dental Services?

Answer
The Strategic Health Authority has three main roles, as set out in the DoH document "Shifting the Balance of Power":

- To create a coherent strategic framework;
- To agree annual performance agreements and performance manage NHS bodies;
- To build capacity and support performance improvement.

Question 2
Following the "Prime Minister's Pledge" on access to NHS dental services, the Government strategy document on "Modernising NHS Dentistry" was published in September 2000. Prior to this, the House of Commons Health Select Committee advocated "action … the time for reform is ripe." Subsequently a plethora of working groups (Dentistry Modernisation Steering Group and its Task Groups, the Options for Change Working Group with its Task Groups, the Primary Care Dental Workforce Review and the Audit Commission) have published proposals. What progress has been made on the implementation of these proposals both in Essex and more locally in Southend and what is the SHA doing to encourage development?

Answer

- The implementation of the various proposals has been delayed due to the need for relevant legislation to be passed.
- Essex SHA will be providing professional support and liaison to PCTs, and have welcomed the initiative taken by Southend PCT to establish a group across the PCTs to take this work forward.

Question 3
Does the Strategic Health Authority compile statistics for Essex and its constituent sub-economy areas for any of the following:-

- The proportion of adults registered for continuing dental care (45% nationally).
- The proportion of dental practitioners accepting NHS patients (60% nationally – Consumers' Association 2000).
- The proportion of dentists accepting patients on a private basis only (15% nationally, 50% in the South East).

Answer

- Essex SHA does not compile any statistics itself, but does receive statistics from the Public Health Resource Unit, and also obtains information from the Dental Practice Board website.
- The only information on NHS dentistry that the SHA routinely receives is whether PCTs have in place plans for local people to access NHS Dentistry.

SOUTHEND-ON-SEA BOROUGH COUNCIL
HEALTH OVERVIEW AND COMMUNITY SERVICES SCRUTINY COMMITTEE
ACCESS TO NHS DENTISTRY IN SOUTHEND

WITNESS SESSION NO.3 – PART II
9th JUNE 2003

Confidential information from the Practice Manager of a local Dental Health Clinic:

- It was asserted that a large practice of dentists working entirely on NHS dentistry could not cover the overhead costs of the practice.
- The breakeven cost of dentistry is £93 per hour.
  - The cost of a simple NHS examination, x-ray and scale & polish (total 13.5 mins to break even) is £20.85.
  - The cost of a filling under the NHS (9.1 mins to break even) is £14.10.
  - The Government fee is a fixed sum for treatment, which takes no account of the time involved.
- Currently, the dentists' private patients are funding the NHS patients – the Government sets the fees, but they are not set at a rate which allows for a profit.
- The practice has to make a profit to survive – the Government is not addressing the problem of profitability.
- The situation is worsening. Although the dentists currently enjoy a good relationship with the PCT, and do not want to walk away from the NHS, they cannot afford to maintain the existing situation. A massive exodus from the NHS is anticipated.
- Suggested that one solution could be for the Government to meet the dental costs of children and the needy, leaving everyone else to pay through a scheme such as Denplan (an average of £16 a month).
- Dentists face a major moral problem. They are meant to be giving advice to children about brushing and general dental care, but there is no time for such advice within the Government's fee.
- The practice used to run a preventive dentistry unit, but this has been axed in order to cut costs.
- It was believed that the situation could not improve without substantial new funding.

Additional points

- Councillors expressed concern that the Government did not seem to want dentistry within the Health Service.
- Councillors also expressed concern at the current chronic shortage of dentists. In such a competitive situation there is no need for any dentist to take on NHS patients.

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