

Title of Report: NHS Dentistry in West Berkshire: Scrutiny Report

Item 9

Report to be considered by: Council

Purpose of Report:

To report the findings of the review into NHS dentistry in West Berkshire undertaken by the Health Scrutiny Panel.

Recommended Action:

That the report be noted and the recommendations be considered for implementation.

List of other options considered:

N/A

Key background documentation:

N/A

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1 Background

1.1 The Health Scrutiny Panel (originally termed the Health Scrutiny Task Group) was established by the Community Care and Housing Select Committee at its meeting on 2 November 2003. It was agreed that the Panel should comprise six Members, three each from the Liberal Democrat and Conservative groups. For the 2003/04 municipal year, the members of the Panel were:

- Councillor Sue Farrant (chairman);
- Councillor Tony Linden (vice-chairman);
- Councillor Tony Vickers;
- Councillor Val Bull;
- Councillor Graham Pask: and
- Councillor Gordon Lundie.

In addition, Councillor Paul Bryant attended all meetings of the Panel concerned with the review, as a substitute for other Members who were unable to attend.

1.2 The Panel, at its initial meeting on 28 November 2003, agreed the following terms of reference, which added to those proposed by the Select Committee:

- to consider the way in which the commissioning and delivery of healthcare services locally:
 - facilitates the health and well-being of the community of West Berkshire;
 - contributes to health improvement;
 - reduces health inequalities;
- to ensure that the needs and wishes of all the population (including socially excluded groups) for health and health-related services have been identified;
- to ensure that all services which have an impact on the health of local people are accessible to, and can be accessed by, all parts of the local community;
- to determine whether the outcomes of intervention are equally good for all groups and sections of the local population;
- to scrutinise any proposed significant changes to local health service provision and assess the impact of these on local people.

1.3 At the same meeting, the Panel decided that the first scrutiny review that it would undertake would be into National Health Service (NHS) dentistry provision in West Berkshire.

1.4 The Panel, as part of the background for the review, noted recent research in the International Journal of Health Geographics. This found that the NHS has fewer than four dentists per 10,000 people, compared with five per 10,000 people in Austria, Italy and Poland, and six per 10,000 people in the USA. The report suggested that an additional 5250 dentists might be needed in England and Wales to meet nearly adequate levels of NHS provision.

2 Introduction to the review

2.1 *Terms of reference*

At its meeting on 19 January 2004, the Panel agreed the following terms of reference for the review:

2.1.1 Rationale

Scrutiny was required because of a perceived lack of NHS dentists in West Berkshire, leading to concern that sectors of the community might be unable or unwilling to seek treatment or preventative care.

2.1.2 Information needed:

- what dental services do we have in West Berkshire, and where are they?
- which of these are wholly NHS, which are wholly private and which are a mixture of the two?
- the distribution of patients between NHS and private dentists;
- information about dental/oral health in West Berkshire, and any information about changes in the recent past. Is this information available in electronic form?
- cost of treatment on the NHS and in private practice. Cost of dental insurance.
- what information is available to the general public about dental services and the choices available to them?
- who actually runs dental services in West Berkshire, and is there any forward plan?
- is there any evidence of unmet need, or of patients staying away?

2.1.3 Sources of Information:

The Panel decided to interview representatives of the dental profession – preferably someone working wholly within the NHS, someone with an entirely private practice and someone with a mixed practice. They also wished to interview a representative from the Newbury and Community Primary Care Trust (PCT), and a representative from a patients' group, if any such existed.

2.1.4 As this was the first scrutiny to be undertaken by the Panel, it was agreed that it should be limited in scope, and capable of narrow definition. No consultation with the general public took place. Delays in establishing the Patient and Public Involvement (PPI) Forum for the Newbury and Community PCT meant that there was no opportunity to seek the views of patients.

2.2 **Sources of evidence**

2.2.1 The following witnesses provided oral evidence for the review:

- Dirk van der Spuy – senior partner in the Twenty/Twenty Dental Practice in Newbury;
- Ronel van der Spuy – practice manager in the Twenty/Twenty Dental Practice in Newbury;
- Peter Lawson – Postgraduate Dental Tutor for Oxfordshire and the Oxford Skills Centre;
- Sheila Hayes – Chief Executive, Newbury and Community PCT;
- Sandy Briddon – Director of Primary Care, Newbury and Community PCT.

2.2.2 The Panel wishes to place on record its gratitude for the time and helpful information given to it so willingly by these witnesses.

2.2.3 The Panel also considered the following written evidence:

- Dental Public Health Report 2002/3 for Berkshire Primary Care Trusts;
- Access to NHS Dental Provision in Wiltshire, report of Wiltshire County Council's Health Scrutiny Working Group, June 2003;
- Dentistry in West Berkshire –briefing paper produced by Newbury and Community PCT, March 2004.

2.3 **Meetings**

2.3.1 The review was carried out between January and April 2004 and involved four meetings of the Panel on the following dates:

- 19 January 2004;
- 16 February 2004;
- 11 March 2004; and
- 6 April 2004.

3 **The provision of dental services in West Berkshire: current situation**

3.1 NHS Primary Care dentistry is provided in a number of settings throughout West Berkshire. The vast majority of NHS dentists in Primary care are General Dental Practitioners (GDPs), either lone practitioners or members of larger practices, which have one “lead” dentist or principal and several associates or assistants. There are 88 GDPs practising currently in West Berkshire. Most GDPs also take private patients.

3.2.1 The GDPs treat mainly “registered” patients. If a patient does not see their dentist within a 15 month period their registration is automatically cancelled by the Dental Practice Board. Patients often do not realise this, believing that they are registered with a dentist for life, in the same way as they are registered with their GP. Consequently, the number of people actually registered with a dentist is subject to constant change. Current figures indicate a total registration level of 71,260 patients. Between 73% and 78% are registered with a dentist in the area in which they live; others may prefer to go to a dentist near to their place of work.

Note: In July 2004, the PCT reported a registration figure of 41,000 within the PCT. At that stage the Panel was unable to investigate the apparent discrepancy.

3.3 Under the current contract, NHS dentists are paid according to the amount of work they do. They receive 50p per month for each adult patient and £1 per month for each child. There is a fixed scale of charges for procedures. Patients pay 80% of this, up to a maximum of £375 for a single course of treatment, with the government paying the remainder. For children, those on benefit and new and expectant mothers, the government pays the full cost. Dentists may not exceed the fixed charge – it is up to them to make a living within the charges laid down. Witnesses felt that the current system had some advantages but more disadvantages. The total budget is not fixed, and is thus able to respond to demand. However, under the current system, a new development in dentistry could lead to a massive increase in the funding needed. Payment on the basis of work done can lead to pressure on dentists to maximise the number of treatments given and, at least potentially, carry out unnecessary procedures.

3.4 The Community Dental Service, provided by Bracknell Forest PCT, operates three Dental Access Centres in West Berkshire: one each in Newbury, Tilehurst and Thatcham. The service combines the provision of a range of specialist services for people with special needs, inspection of all children’s teeth for national surveys, and the provision of a service for unregistered patients needing urgent dental treatment. Newbury Access Centre offers treatment to unregistered patients for a total of eight hours each week. The Community Dental Service has expanded in recent years, through central government funding, to improve the availability of NHS dentistry.

3.5 West Berkshire also has an “Out of Hours” rota of dentists to treat dental emergencies, although this is only available to registered patients.

3.6 One witness expressed the view that current access to orthodontic services in Newbury was good: there is an established NHS practitioner who is likely to remain in the area.

- 3.7 The Panel heard that West Berkshire's child dental health is relatively poor. The most recent study of 5 year olds revealed that 36.1% of 5 year old children in West Berkshire have at least one decayed, missing or filled tooth. This is higher than the Thames Valley average of 33.6%. Compared to the Birmingham area, an area of greater social deprivation, West Berkshire fares poorly. In Birmingham, 31.7% of 5 years olds have decayed, missing or filled teeth. Unlike West Berkshire, Birmingham has a fluoridated water supply.
- 3.8 Witnesses expressed significant concerns about the recruitment and retention of NHS dental staff in the area. In 1990, the government introduced a dentists' contract, then in 1992 cut fees to NHS dentists firstly by 23% and then by 7%; this led to most of the NHS dentists in Newbury moving to private practice. As a result, people either went less frequently for check ups or stopped doing so altogether. Members heard that recruitment has become problematic in recent years: many dentists do not wish to work in the NHS and recruitment from abroad has become more difficult. Demand for dentists is such that they can largely be guaranteed work, and many prefer private practice "where there is time to treat patients properly, using up-to-date equipment and methods" to the NHS, where "through-put is vital and costs must be kept to a minimum." The Panel heard that NHS dentists typically see 40 patients per day in order to generate sufficient income.
- 3.9 There is not only a shortage of trained dentists, but also an even greater shortage of trained dental hygienists. The Panel heard that it is likely that the requirement for the formal registration and training of dental nurses will also create shortages in this aspect of the service. The Panel heard that recruitment difficulties threatened the success of government initiatives such as the Dental Access Centres.
- 3.10 Witnesses informed the Panel that, around eight to nine years ago, some dentistry schools were closed by the government as a cost cutting measure. There are now 300 to 400 applicants for every 20 places. Other factors affecting the supply of dentists are the increase in the number of part-time practitioners and enhanced expectations of patients, including cosmetic treatment on top of basic work.
- 3.11 Members heard from a witness that each county in the area covering Oxford, Berkshire and Buckinghamshire was supposed to have a Consultant in Dental Public Health, who was both a qualified dentist and administrator and queried why there was no longer a postholder in Newbury. His/her job was to assess need and coordinate provision throughout the area and the witness feared that the monitoring of services would suffer. The PCT told the Panel that there is a shortage of people with the necessary skills and explained that when the last postholder left Newbury a decision had been taken to replace him with with a Dental Modernisation Manager and a 0.5wte Consultant. The respective roles of these two posts were unclear to the Panel.
- 3.12 The Panel heard that the Berkshire Local Dental Committee has a local coordination role, but that dentists are independent professionals. The Dental Practice Board, based in Eastbourne, currently monitors the work of dentists; all work is reported to this body and it carries out spot checks. One witness expressed the view that it would be more efficient for one PCT to take the lead in coordinating dental services throughout Berkshire. The witnesses from the Newbury and Community PCT indicated that it was taking a lead on commissioning dental services on behalf of all the Berkshire PCTs and that there was a named contact in each of the other PCTs. What this meant in practice, however, was unclear.
- 3.13 The Panel heard little evidence to satisfy it that the public was sufficiently well informed about the availability of dental services, what they needed to do to maintain their dental health and the cost of treatment.

3.14 The Panel was also concerned about the apparent lack of up-to-date data on dental services and dental health.

4 The provision of dental services in West Berkshire: future situation

4.1 The Panel heard from all its witnesses that dentistry will undergo a huge change over the next 12 months. The emphasis will be on prevention, promoting a good oral health regime and preventing tooth and gum disease, rather than, as at present, responding to dental problems.

4.2 In order to effect this modernisation, the way GPs will be paid will change radically. Rather than being paid on the amount of work done, they will be paid a monthly salary to deliver NHS dentistry. Payment will be directly from PCTs and will be based on the current income levels of GPs. The Panel was unclear about the arrangements that would apply for newly established dental practices.

4.3 At the same time, the National Institute for Clinical Excellence, which researches throughout the NHS and issues guidelines regarding best practice, will look at the routine recall interval - how often we need to have dental check ups. It is likely that the recall interval will depend on the oral health of the patient, rather than the current six months for all. This will give the dentist far more clinical freedom in decision making. PCTs will be able to develop community services further in areas where access is more difficult.

4.4 The provision of orthodontic services is also likely to change. It will be subject to greater regulation, in line with government pilots on the south coast. In these, it was made quite clear to patients in advance of treatment that some work would simply not be funded through the NHS.

4.5 The witnesses from the Newbury and Community PCT indicated that the coming year will be one of negotiation and planning. Negotiation will take place with dentists to at least maintain, and preferably increase, their commitment to the NHS. The planning will be around the directly managed Community service and using this service to ensure that all people who want to access NHS dentistry will be able to do so.

4.6 It was clear to the Panel that the new contract, while generally welcomed by dentists, would lead to a period of change and uncertainty and that this period would need to be managed carefully. This was an area that the Panel felt needed more careful thought and preparation.

5 Conclusions and issues arising

5.1 The Panel was clear from the evidence it received that there is a shortage of NHS dentistry staff in West Berkshire and that recruitment is increasingly difficult. There is not only a shortage of trained dentists, but an even greater shortage of trained dental hygienists. It is likely that the requirement for the formal registration and training of dental nurses will create shortages in this aspect of the service as well. This means that, unless there is appropriate intervention from the PCT, it will become increasingly difficult for the less affluent members of the West Berkshire community to access dental care.

5.2 Members were frustrated by their inability to secure robust and consistent basic information on, for example, the number of dentists accepting NHS adult patients. Evidence from witnesses conflicted, with one dentist confirming that he now has a closed list, while a representative of the Newbury and Community PCT was of the opinion that all the dentists had open lists. The *Dental Health Report 2002/3 for Berkshire Primary Care Trusts* indicated that, in February 2002, only three practices out of 16 (19%) in the Newbury and Community PCT were accepting new NHS adult patients. A telephone call to NHS Direct elicited the information that three NHS dentists in West Berkshire had open lists, with none in either Newbury or Thatcham. However, contact with one of the three identified as having open lists established that this practice's list was in fact closed.

5.3 The Panel was concerned about the apparent lack of clear information for the public on the availability, quality and cost of dental services. Members regretted that they were unable to meet with the PCT's Dental Modernisation Manager to discuss this issue. In this respect, the Panel's views echo one of the recommendations made to the Government by the Audit Commission in its report *Dentistry and Primary Dental Care Services in England and Wales 2002*:

"Begin a campaign to help patients to become informed consumers. They need understandable information that allows them to know what is necessary for their health, and what is for cosmetic purposes only. They also need clear information in advance about charges."

5.4 Members had some concerns about the statistics relating to dental health in West Berkshire, particularly in relation to children. In this respect, and others, the Panel was convinced of the need to raise the profile of dental health, for example by including a section on dental health in the Annual Public Health publication.

5.5 The Panel learned a great deal from witnesses and from documentary evidence about the new contract for GDPs. It was clear that this represented a major shift in both the funding and the operation of NHS dental services and that some of the outcomes are, at this stage, unclear. The Panel believed that it would be appropriate to do some further work in this area, once the new system had had time to bed down.

5.6 Members heard a range of views about the management of the dental system in West Berkshire, particularly in view of the change and uncertainty surrounding the new contracts. Greater clarity in the respective roles of the Dental Modernisation Manager and the Consultant in Dental Health would be helpful here as would more information about Newbury and Community PCT's role in leading for all the Berkshire PCTs on dental issues.

6 Recommendations

6.1 Having considered all the evidence available to it and identified the issues set out in 5 above, the Panel agreed to make the following recommendations:

6.1.1 To **Newbury and Community PCT and the Thames Valley Strategic Health Authority**, it is recommended that:

- a plain English leaflet should be produced explaining the arrangements for accessing dental health services in West Berkshire, how to find out about dental charges, what treatments are available and how to move between dentists if the quality of service is not satisfactory;
- a database should be established and maintained containing information on dentists (Both NHS and private) and the number of patients treated by each;
- clear information be provided about the management and organisation of dental health services in Berkshire, in general, and in West Berkshire, in particular, including the respective roles of the Dental Modernisation Manager and the Consultant in Dental Health;
- a section on dental health should be included in the Annual Public Health publication.

6.1.2 To **Newbury and Community PCT**, it is recommended that:

- urgent consideration be given to ways of increasing the number of NHS dentists, dental hygienists and nurses establishing practices in West Berkshire. The PCT is asked to comment on how this could be achieved.

Appendices

Appendix 9 – Newbury PCT response to West Berkshire’s Scrutiny Report on Dentistry.

Implications

Policy:	N/A
Financial:	N/A
Personnel:	N/A
Legal:	N/A
Environmental:	N/A
Equalities:	N/A
Property:	N/A
Risk Management:	N/A
Community Safety:	N/A

Consultation Responses

Local Stakeholders:	N/A
Officers Consulted:	
Trade Union:	N/A

Response to West Berkshire Council

Scrutiny Committee Report on Dentistry

The Trust is grateful to West Berkshire Council for sharing this report. The provision of an appropriate and responsive NHS dental service to our local residents is a matter which clearly concerns us both.

Dentistry is a complicated area – in that whilst undertaking work for the NHS, the vast majority of dentists are independent contractors. They own or lease their own premises, they bear the financial burden and risk of the business, and they employ their own staff. Even with the new contract the vast majority will remain independent contractors. Up until now the PCT have had no say in whether a dentist can open up a practice in their area, providing all the legal registration commitments are fulfilled. PCTs have had no input into the commissioning of dental services apart from intermittent Central Government grants to increase capacity.

The New Contract

The proposed changes will not improve the provision of services overnight. The government has wisely set a three year transition period for the changes to become embedded. This is a time when the PCT can try out new working methods within the area, with local clinicians – and find out what will work best for the West Berkshire population. What 6 years of pilot schemes nationally have shown is that there is no one “right way” to improve services – but a variety of approaches dependent on local need and local initiatives. The very best ideas often come from those working within the constraints of the system. Local practitioners have responded to the PCTs with innovative ideas to improve emergency access and deliver specialist services. These are being developed with practices as part of the individual negotiation process.

In his recent paper “NHS Dentistry – Delivering Change” (16.07.04), the Chief Dental Officer, Professor Raman Bedi, states that “prevention is the key to healthier teeth and gums”, and outlines the aims of the changes as

- Offering access to high quality treatment for patients when they need to see a dentist
- Focusing on preventing disease so that everyone, in particular children can enjoy healthy teeth for life
- Giving a fair deal to dentists and their teams and improving their working lives

(Within this paper it is confirmed that the commencement of the New Contract has been delayed until October 2005, although dentists can choose to move to a new contract before that deadline if they wish).

Salaried Service / Community Dental Service / Dental Access Centres

These are clearly long term objectives, and to ensure that they are met the Trust is working closely with its local providers – the General Dental Practitioners, and with Bracknell Forest PCT, who are responsible for the Salaried Dental Service throughout Berkshire. The Salaried Service runs both the traditional Community Dental Service, in particular providing dental services to patients with special needs and undertaking school dental health reviews – and the Access Centre in Tilehurst. An access centre is planned in Wokingham in a joint venture between a General Dental Practice and Bracknell Forest PCT. Newbury and Community PCT are also negotiating with local General Dental Practices to provide emergency access sessions. Issues of travel are geographical availability are more important in rural Newbury than in Tilehurst or Wokingham, and hence a variety of providers is likely to be a better option for residents than one central centre. The New Contract gives PCTs the option to commission services directly from Corporate Bodies, which has previously not been possible without a sign off from the Secretary of State.

Residents to the West of the area also have the option of the Dental Access Centre in Swindon for emergency treatment.

Out of Hours Services

Currently Out of Hours Services are provided for registered patients only. Unregistered patients may or may not be able to access services depending on which dentist is on call. In fact there are very few real dental emergencies. When they do arise they generally need the facilities of a General Hospital. What is needed is a co-ordinated approach to extending opening hours, giving late evening and weekend availability – as part of the overall revamp of Out of Hours Services, Dental Services are being reviewed. There are several well established telephone triage systems, manned by dental healthcare professionals, which have significantly increased the quality of service to the patient, whilst at the same time reducing the call outs of the dentist on call. We are encompassing this knowledge as we set up our own services.

Registration

Whilst registration is not a measure of the accessibility of NHS dentistry, it remains a matter of concern to many. Nationally registration levels have been stable at 50% since 1998. Locally the figure is 49%. Although the figure is stable, the people making up that registration figure is not – as people are automatically deregistered if they have not seen their dentist for 15 months. Some people will undergo a course of treatment to make them dentally fit and then not seek dental treatment again until they feel they need it – often when they are in pain.

As patients are deregistered every day, currently, the practices' policy on whether they are taking patients on for registration can change on a daily basis – according to whether any patients have been deregistered or whether any new ones have registered. Thames Valley Primary Care Agency and NHS Direct hold information on which practices are accepting which classes of patients – but the information is only as good as the practices tell us. Generally the practices tend to be more proactive in their information if, for instance, they have just extended their surgery and employed a new associate – and hence are wanting to increase their books quickly – then if they just have a little capacity which they will fill from opportunistic callers. At present the PCT has no way of enforcing the practices to give us the information. With the new contract we can stipulate that they inform the PCT of vacancies on a regular basis.

The currently registration level in the PCT is 41,000. Within Tilehurst and Wokingham the percentage of population registered is similar.

The Situation in Newbury and Community PCT

Within Newbury and Community PCT there are 16 dental practices, with 2 taking registrations for adult non-exempt patients. Modernisation monies have been allocated which will expand capacity within existing practices. We also have a dentist keen to move to the area to set up a practice for whom we have earmarked funding to facilitate the move. After a few set backs the West Berkshire planning department are now helping her find the way through the maze of regulations!

The number of dentists within the area is actually on par with the national average, although the dentists often mix private and NHS work, in many cases treating private patients' children on the NHS.

Under the new arrangements, whilst PCT will be able to commission NHS Dental services but they will still be subject to market forces – ie West Berkshire is an expensive place to live, set up costs for independent

contractors are more expensive here in the south of England than in the North, where property prices are cheaper and planning regulations often not so strict.

The PCT has no part in the delivery of private dental services. Any dental practitioner, provided they fit the legal specifications, can open up a private dental practice.

Training

Nationally there is a deficit of personnel in all grades of the dental team – dentists, therapists, hygienists and dental nurses. The government has announced an increase in the number of training places for dentists from September 2005 – but clearly this is a medium / long term solution. In the interim they are actively recruiting foreign dentists, particularly from the new European Community states.

Training places are also increasing in the Professions Complementary to Dentistry – again this is a medium term solution. One additional concern here is that therapists and hygienists can earn much more in the private sector than in the NHS (earning as much as a dentist) – so the NHS is unlikely to see the benefit of this additional training until such time as the private market is saturated.

The PCT is working pro-actively with all Berkshire PCTs to encourage local education providers to undertake to deliver these courses.

Role of Consultant in Dental Public Health

Newbury and Community PCT has been fortunate to appoint a half time consultant in this speciality. As well as advising on professional matters, the consultant will play a vital role in the monitoring of oral health within the area and informing the PCT of the commissioning needs of the local residents. The local dentists have all been informed of this appointment and have her contact number. She is a member of the Berkshire Oral Health Advisory Group, Berkshire Dental Clinical Governance Group, a co-opted member of the Local Dental Committee, Berkshire Public Health Network, as well as the Berkshire Dental Modernisation Group.

Role of Dental Modernisation Manager

Newbury and Community PCT has the lead for Dentistry supporting the 6 Berkshire PCT and is the host PCT for the Modernisation Manager. Her role is to lead on Dental Modernisation throughout Berkshire ensuring that all action plans are keeping to time, helping PCT Dental Lead Managers through the maze of the new reforms and acting as a point of reference for both PCT managers and the practitioners on the modernisation process. Within the PCT she is meeting with all practices on an individual basis to discuss business planning and opportunities.

Information Leaflets

The Trust acknowledges that patient information is confusing. Dental practices produce their own leaflets which do not necessarily all contain the same information.

The Department of Health is currently awaiting the report following a review of patient charges. This aim of the review was to simplify the charging process. When this review is published the Trust will meet with patient representatives to decide if a leaflet would be useful – and its content.

Monitoring

The Dental Practice Board (DPB) currently monitors all treatments and activities of dentists, as well as paying the dentists. This role will continue in the future, though the payment will be dependent on the Service Level Agreement with the PCT rather than the current "fee per item" payment.

The PCT gets regular reports from the DPB on the NHS activity of their dental practitioners.

All contractual matters are undertaken on the PCTs behalf by Thames Valley Primary Care Agency who hold the database.

The Dental Modernisation Manager noted 5.3 She was on Annual Leave when the committee met but is happy to answer any queries either formally or informally.

It is clear that NHS Dentistry is of concern to both West Berkshire Council and Newbury and Community PCT. Our aims are the same as the Chief Dental Officer's – the increased oral health of our population and the provision of high quality NHS dental services when needed. Working together will help both organisations achieve this objective.