

FINAL REPORT OF THE SCRUTINY REVIEW PANEL ON ACCESS TO NHS DENTISTRY IN LEICESTERSHIRE

Introduction

1. This report sets out the conclusions and recommendations arising from the Scrutiny Review Panel investigation of 'Access to NHS Dentistry in Leicestershire'.

Scope of the Review

2. The Adult Social Care and Health Services Scrutiny Committee on 10 July 2006 appointed a Review Panel to consider the issue of Access to NHS Dentistry in Leicestershire with a view to:-
 - A. Developing an understanding of past, present and future provision of NHS Dental Services.
 - B. Producing accurate information on current access and availability of NHS Dental Services and to identify gaps in provision.
 - C. Assessing patients' experiences of NHS Dental Services.
 - D. Considering the impact of recent changes to dentist contracts and the reasons behind the decision taken by some dentists to opt out of NHS work.
 - E. Identifying measures which will help to increase the numbers of NHS dentists and assess these against Primary Care Trust (PCT)/Strategic Health Authority (SHA) plans.
 - F. Identifying measures to improve access to urgent treatment and Out of Hours NHS dental provision.

Membership of the Panel

3. The following members were appointed to serve on the Panel.

Mrs J A Dickinson CC Mr D Jennings CC
Mrs R Page CC Mr C A Stanley CC
Mr R M Wilson CC

Mrs Dickinson was appointed Chairman of the Panel.

Conduct of the Review

4. The Panel met on five occasions between 1 November 2006 and 30 March 2007. The Panel during the course of the review:-
 - received detailed information on the background to the new contracts, current dental provision in Leicestershire and plans to address shortfalls in provision;
 - met the Local Dental Committee (LDC) to seek their views on access to NHS dentistry in Leicestershire. A questionnaire was also circulated to all dentists inviting their views;
 - visited the Dental Access Centre (DAC) in Leicester to obtain an understanding of the Out of Hours (emergency) Service provided;
 - met with a representative of the Patient and Public Involvement Forum (PPIF) and with the Patient Advisory Liaison Service (PALS) to obtain their views about patient experiences;
 - developed, with the assistance of the County Council's Policy Unit, a questionnaire which was widely circulated to seek the views of the public on the dentistry service.
5. The documentation setting out the findings of the Panel is quite extensive and in the interest of economy and the environment is not reproduced with this report. Copies of all documents considered during the review have been made available to the representatives of key stakeholders namely, the PCT, SHA and Local Dental Committee.
6. The Panel was supported in its review by the following persons and is indebted to them for their contributions:-

Colin Blackler	Strategic Lead Officer for Primary Care Services (PCT)
Sue Eaton	Operational Lead Officer for Dental Services (PCT)
Carol Mander	Consultant in Public Health for Dental Services (SHA)
Michael Cox	Specialist Registrar in Dental Public Health (SHA)
Jit Hindocha	Secretary to the Local Dental Committee

showed that dentists provided fewer and simpler interventions within each course of treatment. This would therefore allow dentists to spend more time with patients, adopt a more preventive approach to patient care and manage their work load more effectively.

13. The dental profession did not share the Department of Health's view of the new contract and their objections to the new contract are summarised below:-
 - (i) the proposals would do nothing to alleviate the workload of NHS dentists and would remove the flexibility to work at the pace of their choosing;
 - (ii) dentists, whose practices rely on income from private practice to support their NHS service, would no longer be able to prioritise their provision of NHS services to those patients most in need of them, namely children and adults who may not be able to afford a private alternative;
 - (iii) scarce NHS resources would be wasted because dentists would not be permitted to make a small charge to discourage missed appointments;
 - (iv) administration and other non-clinical tasks on NHS dentists would increase without any recompense.

14. The survey of local dentists and the discussions with the Local Dental Committee reinforced the concerns above. Some dentists also made adverse comments about the working relationship with the PCT and in particular poor communication and the lack of guidance from the PCT.

15. The impact of this divergence in views between the Department of Health and the dental profession was that the introduction of the new contract was fraught with difficulties. Nationally, a significant number of dentists therefore did not sign the new contract and, in many cases where contracts were entered into, these were signed 'in dispute'. This also applied to Leicestershire. Maps and graphs showing the position and contract types pre and post April 2006 are set out in the Appendix to this report. The overall position in Leicestershire pre and post the new contract is summarised below:-

ISSUE	PRE APRIL 2006	POST APRIL 2006
Number	223 Dentists practicing in Leicestershire and Rutland.	213 Dentists practicing in Leicestershire and Rutland in May 2006. [Between May 2006 and February 2007 a further 6 NHS dentists were

		employed].
Budget	Department of Health held the budget and worked direct with dentists.	PCTs are responsible for ensuring commissioning of “reasonable” NHS Dental Services in their area within a cash limited budget.
Contracts	Dentists were contracted by regulation directly from the Department of Health.	Dentists are contracted to provide a specific amount of work for the NHS (the contracting mechanism is the UDA). This means that if dentists wish to undertake more or less work than the level agreed with the PCT, the number of UDAs needs to be renegotiated. In some cases the PCT has agreed ‘child only’ contracts.
Patient Charge Revenue [This is the level of income raised from patient charges against the level of finance in the cash limited budget for the delivery of dental services].	There was a national non-cash limited budget and any differences were absorbed. There were therefore no shortfall issues.	The responsibility for funding any gap in Patient Charge Revenue was transferred to the PCT [A gap can occur when a dentist treats a greater than anticipated number of exempt patients].
Registration	Patients had to register every 15 months with their dentist.	Patients are no longer registered with a specific NHS dentist. Dentists are managing requests for appointments from patients against the number of UDAs they have available but often by using their old patient lists.
Dental Out of Hours Care	Individual dentists’ responsibility.	This responsibility transferred to PCTs on 1 April 2006.

Fail to Attend Appointments	Dentists charged their patients.	Dentists NOT allowed to charge their patients.
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Conclusions

- a) **Whilst recognising that the difficulties with regard to the contract and the consequent deterioration in the relationship with the PCT can be clearly laid at the door of the Department of Health, the PCT should seek to work proactively with the Local Dental Committee to inform the National Dental Review of the following:-**
- (i) the need to review the current contract with particular reference to the allocation of UDAs and introduce a more appropriate system of payment to dentists;**
 - (ii) the need to remove the PCT liability for any shortfall in Patient Charge Revenue;**
 - (iii) the need to allow dentists to charge patients who fail, without good reason, to attend appointments.**
- b) **The Primary Care Trust should commit to work with the dentists and the Local Dental Committee to improve communication and guidance and to that end should review the current Oral Health Strategy which was written prior to the introduction of the new contract. Within the revised strategy greater emphasis should be placed on preventative measures.**
- c) **The Local Dental Committee should recognise the financial position of the Primary Care Trust and should now seek to develop a more positive engagement with the Trust in order to influence and improve NHS dental provision in Leicestershire.**

B. Patient Experiences of NHS Dental Services

16. In order to assess patients' experiences of NHS dental services, the Panel decided to commission a survey of Leicestershire residents. A questionnaire was made available on the County Council and PCT websites and sent to all County Council staff. 600 paper copies of the questionnaire were sent to members of the Citizens Panel. 100 paper copies were placed in Community Centres and 250 paper copies were distributed amongst 12 libraries which were selected for being either urban or rural. The work of the

Review Panel and the availability of the questionnaire was also publicised in the Leicester Mercury on four separate occasions.

17. The Panel was pleased to note the very high response rate to the questionnaire. In total, 1210 questionnaires were returned. This included 480 paper responses and 730 online responses, and was a much higher than average response rate for Leicestershire County Council's public consultations.
18. The Panel was advised of concerns patients had raised with the PPIF and also met with the PALS officer of Leicestershire County and Rutland PCT, to ascertain the nature of enquiries received on NHS dentistry.
19. The key findings emerging from the responses to the questionnaire and the discussions with the PPIF and PALS representatives were:-
 - (i) that approximately 90% of respondents to the questionnaire regularly attended a dentist and had not changed their dentist in the last twelve months;
 - (ii) the importance of services being provided locally, especially for patients with specific needs;
 - (iii) that the main reasons patients experienced difficulties getting dental appointments were that the surgery was 'full' or that it was no longer providing an NHS service;
 - (iv) that there was a lack of communication to the general public regarding dental issues;
 - (v) that parents were not always able to register with the same dentist as their children;
 - (vi) that there was a lack of clarity and transparency regarding NHS/private care provided by dentists;
 - (vii) that there was a lack of awareness of availability of dental practices and the new charging regimes;
 - (viii) that it was difficult to access an NHS orthodontist.

Conclusions

- a) **The Panel noted the positive oral health picture presented by the fact that approximately 90% of respondents regularly attend a dentist. However this could be improved by the PCT undertaking research in order to:-**

- (i) **identify why a proportion of the population do not access any dental services;**
 - (ii) **develop a monitoring system to assess attendance and potential specialised services needed by disabled and black and minority ethnic citizens.**
- b) **The Panel is concerned at the lack of public understanding of the current arrangements for NHS dentistry and is of the view that the PCT, with the support of local dentists, should develop and deliver a Countywide publicity campaign incorporating the following:-**
- **the range of dental services available in Leicestershire;**
 - **where dentists are located;**
 - **dental charging;**
 - **the out of hours service;**
 - **the complaints procedure;**
 - **support services such as PALS.**
- c) **The PCT should explore partnerships with other agencies such as Leicestershire County Council, the PPIF, Voluntary Sector Forums, District Councils and Community Groups to assist in the delivery of this campaign.**
- d) **As a number of patients have expressed concern that they cannot register with the same dentist as their children the PCT might reconsider whether it is appropriate to issue child-only contracts to dentists.**

C. Current Provision and Plans to Improve Provision

General Dental Services

20. As stated earlier the number of dentists providing NHS services post the introduction of the new contract had reduced in particular in relation to NHS dental provision for adults. This, coupled with the lack of understanding of the new arrangements, led to public concerns about access to NHS dentistry provision.
21. The locations and numbers of dental practices pre and post April 2006 are shown in the maps attached in the appendix. The PCT had previously identified a gap in the provision of general dental services in the Melton, Rutland and Harborough areas. As a result, between May 2006 and February 2007 new dental practices were opened in Melton Mowbray, Oakham, Market Harborough and Coalville and additional dental services were provided to a current dental practice in Hinckley. However, the results

of the public questionnaire indicated that a significant number of respondents who found it hard to access a new NHS dentist lived in rural areas, particularly in the Coalville, Ibstock (LE69) and Desford, Earl Shilton and Croft (LE9) areas.

22. There are currently six Vocational Trainees within the County who are placed at recognised training practices. However, their employment in Leicestershire is not guaranteed following the completion of the one year training placement.
23. General Dental Practitioners also treated patients with 'special dental needs'. However, they were also able to refer these patients to the Community Dentists who practice at the Community Hospitals in Loughborough and Hinckley.
24. The Panel reviewed the information from the PCT regarding the potential actions identified to monitor and improve access to general dental services. These plans included:-
 - (i) the establishment and refinement of monitoring systems regarding contract activity in order to understand demand for location and types of service needed;
 - (ii) understanding future intentions of local dentists to enable planning for 1 April 2009 and beyond;
 - (iii) the completion of reviews into the Community Dental Services which includes the treatment of some patients with 'special dental needs', the Dental Access Centre and the Dental Out of Hours Service;
 - (iv) the implementation of the recommendations of the recent orthodontic review which included actions related to potential service changes, the forthcoming 18 week waiting time, patient education and funding issues. The recommended actions could potentially lead to additional funding, improved referrals, shorter waiting times and clearer information for patients.

Out of Hours (Emergency) Access and Urgent Care

25. Urgent care is provided during office hours by General Dental Practitioners. It is also available at the Dental Access Centre (DAC) on Nelson Street in Leicester. The DAC operates with a qualified dental nurse triage system to prioritise appointments. In addition, the facilities at the DAC are available for dentists providing Out of Hours urgent care.
26. The Panel found the facilities at the Dental Access Centre to be excellent. However, the second floor was not currently being used and some fully

equipped treatment rooms were not occupied. In addition there were problems with the physical access to the Dental Access Centre as a result of the narrowness of the street, lack of car parking facilities and poor signposting.

Secondary Care Waiting Times

27. There is a 13 week waiting time for the first out patient appointment when a non-urgent referral is made to the secondary care dental specialties at University Hospitals Leicester NHS Trust. This is when the decision on whether treatment is necessary is taken. The following table shows the waiting times for follow-up appointments:-

<u>Dental Speciality</u>	<u>Waiting Time for Non-Urgent Treatment</u>
Maxillofacial (treatment pertaining to the jaw and face requiring an inpatient stay or a day care procedure).	Maximum 6 months
Maxillofacial (treatment pertaining to the jaw and face requiring a local anaesthetic – also referred to as minor oral surgery).	Approximately 2 years 6 months
Restorative Dentistry (treatment dealing with the restoration of diseased, injured or abnormal teeth to normal function).	Approximately 12 – 14 months
Orthodontics (treatment for the development, prevention and correction of irregularities of the teeth and jaw).	Approximately 3 years 10 months.

28. By December 2008, the Department of Health will have introduced an 18 week maximum waiting time. It is intended that all patients will be referred and treated within 18 weeks. The target will apply to all patients being referred for secondary care. The PCT have plans in place within the recommendations of the Orthodontic Review Report to meet with secondary care commissioners by the end of May 2007. The aim will be to prepare to meet the requirements of the target.
29. Referrals assessed as urgent by a dentist will continue to be seen and treated immediately.

Conclusions

General Dental Services

- a) Whilst the Panel remains concerned at the difficulties being experienced by patients, particularly adults, wishing to access NHS dentistry provision, it was pleased to note the efforts made by the PCT to improve the situation. The following recommendations are therefore put forward as issues the PCT should have regard to as part of their on-going commitment to improve access to NHS dentistry:-
- i) that consideration be given to the feasibility of introducing a new Mobile Dental Service for rural areas currently experiencing access difficulties;
 - ii) that, whilst recognising the financial pressures on the PCT, consideration should be given within the Local Delivery Plan to continue to ring fence allocated dental funds as well as identifying additional funds for growth and development of services; to that end representations be made to the SHA about the inadequacy of the current UDA allocation for Leicestershire;
 - iii) that when awarding dental contracts the PCT should prioritise the provision of high quality services that address local need rather than be wholly reliant on the value of UDA allocations;
 - iv) that closer working take place with the local planning authorities to identify future developments and hence future health needs, with a view to ensuring appropriate provision is put in place both through mainstream funding and by way of Section 106 contributions.
- b) The Primary Care Trust should recognise that Community Dentists often need to allocate and spend more time with their patients, many of whom have special dental needs. This is currently not recognised within the UDA payment system and consideration should therefore be given to addressing this issue.

Out of Hours (Emergency) Access

- c) The Panel recognises the excellent work done by the Dental Access Centre to provide Out of Hours (emergency) treatment. The Panel also welcomes the commitment of the PCT to review the dental Out of Hours service and requests the PCT take the following points into consideration during the review:-
- i) increase the use of the facilities at the underutilised DAC to provide enhanced Out of Hours (emergency) treatment;
 - ii) increase the use of the DAC to provide Vocational Trainees with their initial specialised employment and thereby retaining their skills within Leicestershire and increasing capacity;

- iii) **explore ways of improving the accessibility of the Centre.**

Secondary Care Waiting Times

- d) **The Panel recognises the complexity of secondary dental care and were pleased that a recent Orthodontic Service Review had been completed by the PCT. Whilst recognising the difficult financial situation of the PCT, the Panel request the PCT to ;**
 - (i) **progress the recommendations in the Orthodontic Service Review and agree a clear timetable of implementation, recognising the importance of this service especially for young children;**
 - (ii) **engage in a dialogue with the University Hospitals NHS Trust in order to ensure the requisite levels of secondary care are commissioned to achieve the new national targets.**

Resources Implications

- 30. **There are no resources implications for the County Council.**

Equal Opportunities

- 31. **The report addresses the need for all residents in Leicestershire to have access to NHS dental services. However, issues that the PCT need to address which have been highlighted are the needs of residents in rural areas, disabled people and black and minority ethnic citizens.**

Circulation under the Sensitive Issues Procedure

- 32. **None.**

Background Papers

- 33. **File containing the reports submitted to the Scrutiny Review Panel on Access to NHS Dentistry in Leicestershire and minutes of meetings of the Panel.**

Recommendations

- 34. ***The Adult Social Care and Health Services Scrutiny Committee is recommended to:-***

- a) support the findings of the Panel and refer the conclusions to the Leicestershire County and Rutland Primary Care Trust and Local Dental Committee for their consideration;**
- b) request the PCT to report back on the outcome of its review of the dental out of hours service;**
- c) request the PCT to report on progress made in improving access to NHS dentistry provision in twelve months' time.**

**Mrs J A Dickinson CC
Chairman of the Panel**