

## KENT COUNTY COUNCIL

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### HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Friday, 26 March 2010.

PRESENT: Mr G A Horne MBE (Chairman), Mr B R Cope (Vice-Chairman), Mr G Cooke, Mr D S Daley, Mr K A Ferrin, MBE, Mrs E Green, Mr C P Smith, Mr R Tolputt, Mrs J Whittle, Mr A Willicombe, Cllr Ms A Blackmore, Cllr R Davison (Substitute for Cllr Mrs M Peters), Cllr M Lyons, Mr R Kendall and Mr M J Fittock

ALSO PRESENT:

IN ATTENDANCE: Mr T Godfrey (Research Officer to Health Overview Scrutiny Committee) and Mr P D Wickenden (Overview, Scrutiny and Localism Manager)

#### UNRESTRICTED ITEMS

#### **3. Minutes of the meetings held on 5 February and 19 February 2010** (Item 3)

RESOLVED that the Minutes of the meetings are correctly recorded subject to the amendment of the typographical errors contained within the Minutes referred to by the Overview, Scrutiny and Localism Manager and the signed set of Minutes by the Chairman reflect these changes as a correct record.

#### **4. Dentistry** (Item 4)

*Ms Maureen Hall (Dental Contracts Manager, NHS West Kent), Dr Tim Hogan (Chairman, Kent Local Dental Committee), Mr Stephen Ingram (Director of Primary Care, NHS West Kent), Mr David Meikle (Acting Chief Executive, NHS Eastern and Coastal Kent), Mr Bill Millar (Head of Primary, Community and Elective Care, NHS Eastern and Coastal Kent), Dr Allan Pau (Dental Public Health Registrar), Ms Paula Smith (Lead Commissioner for Max Fax, Orthodontics & Dental, NHS Eastern and Coastal Kent), were present for this item.*

(1) One of the recurring themes in discussions on the work programme for the Health Overview and Scrutiny Committee was the issue of Dentistry.

(2) The focus of the Committee's attention was to ask the following:-

#### *Public Question*

How can I access NHS dentistry and be certain I will receive quality treatment?

#### *Scrutiny Questions*

- a) Are the Primary Care Trusts commissioning sufficient dental provision to meet the needs of the resident populations?
- b) Is the care being provided of an appropriate quality?
- c) What can be done to improve dental service provision in Kent?

(3) The Committee had before them a briefing paper prepared by the Research Officer to the Committee, supplementary briefing material provided by the Primary Care Trusts in West Kent and Eastern & Coastal Kent and a report from the Local Involvement Network (LINK).

(4) The Chairman invited Dr Pau to inform the Committee of the services that are provided by dentists.

(5) Dr Pau responded that the services that dentistry now provides including prevention of gum and tooth disease. He spoke primarily about the prevention services.

(6) The Committee noted the allocation of monies to the Primary Care Trusts for provision of dentistry and in particular the current underspend that was occurring in NHS West Kent which was due to slippage on the new procurement of dentists.

(7) Of particular concern to a number of Members of the Committee was dentistry provision for children, i.e. NHS dentists that were not taking on children.

(8) The LINK work had identified a range of issues including the disappearance of the routine six monthly checkups, the high price of dental care deterring people from going to the dentist, out of hours care, the inability to obtain lists of NHS dentists and poor dental care of those with other medical needs, such as those who are pregnant and those with cardiac problems.

(9) In response Mr Meikle said that it was a mixed economy, it was incumbent upon the Primary Care Trust to understand the difference between general medical services with a registration based service and dentistry which has moved towards a needs assessment system. It was important to identify needs and to identify the dentist activity.

(10) Dr Pau informed the Committee that they were not allowed not to take on children.

(11) The Committee noted the emergency services which were provided across the authority and across the county with the out of hours services provided by Dentaline in Medway. For out of hours services in Eastern & Coastal Kent these were provided at the Queen Elizabeth the Queen Mother (QEQM) and Kent & Canterbury Hospitals.

(12) Councillor Blackmore was concerned at the statistics relating to the number of children who did not have a dentist and what proportion of the population that was who were not being seen either by private or NHS dental provision. In addition the Chairman asked how screening of school children was now undertaken since it had ceased in schools.

(13) Dr Pau responded that 85% of children do not have any sign of decay and 75-80% have a dentist. However, he did say that there were a sizeable proportion of children who do not go to the dentist.

(14) The key was the preventative community programme. He added that evidence undertaken in Manchester that screening for the prevention of disease in dentistry does not promote greater attendance at dentists. He added that there was no statutory requirement to screen children.

(15) Mrs Blackmore was also keen to understand how imaginative and innovative the Primary Care Trusts were in reaching groups of the population who were hard to engage. She referred specifically to the target set out in the papers received from NHS Eastern & Coastal Kent and asked what the position was for NHS West Kent. Mr Daley added that it was not clear from the papers where the money set aside for dentistry was and how it was spent.

(16) Mr Meikle responded on behalf of the Eastern & Coastal Kent Primary Care Trust indicating that the target they set within the financial resources they had available to achieve the maximum leverage. He explained how the Trust monitored dental activity.

(17) NHS West Kent colleagues responded that they will show an underspend. This was due to slippage and delay on the negotiation of a new contract. Various questions were raised by Members of the Committee relating to the contract for dentistry.

(18) The Committee were informed that there was a national programme of new contracts for dentistry. What the PCTs needed to be mindful of was monitoring underperformance of these contracts. A range of questions were asked relating to the fees charged for dentistry activity and why that resulted in a shortage of money.

(19) Mrs Whittle asked for details of the number of dentists particularly in West Kent who had opted out from the NHS contract in the last ten years.

(20) The response from PCT colleagues was maintaining sustainability between the old and new contracts presented a challenge they would very much welcome an increase in the allocation of funding.

(21) Several Members raised concerns with issue of access to services particularly for those on low income who lived in areas of high deprivation.

(22) The PCTs responded that these members of the population were very much those targeted by the Primary Care Trusts. Members mentioned the possibility of having a mobile dentistry unit to overcome these issues of access for people that could not afford to travel etc for a dentist.

(23) Reference was made to a mobile dentistry unit in the London Borough of Tower Hamlets.

(24) One Member also raised the issue of emergency care and where that was located across the county. He asked what percentage of people presented to the

emergency services at hospital because of the distance to find the emergency dental care service.

(25) In response the Committee were informed that Dentaline were the emergency care provider. The Dentaline contract was currently being reviewed. However the payment structure was the same.

(26) The Primary Care Trusts recognised that providing more information about the availability of the emergency service was necessary. Several Members particularly from West Kent referred PCT colleagues to the lack of dentistry provision in towns such as Tunbridge Wells, Sevenoaks and the Tonbridge and Malling Borough Council area. They asked what the overall generic provision for dentistry should be across the county and referred to the debate that was being undertaken nationally on the needs assessment. It was clear to several of the Members that members of the public could not afford NHS dentistry treatment.

(27) Mr Meikle from the Eastern & Coastal Kent PCT informed the Committee of the efforts that the PCT were taking to reduce their management costs. NHS West Kent referred to the activity that they were undertaking to improve access to NHS dentists and increase the number of patients' access dentists across the PCT area. They indicated that there had already been a 17% reduction in management costs across NHS West Kent. In West Kent 12 new practices had opened in the last six months, one of which was in the area specified by the Members, i.e. Chestfield. The Committee was then joined by Dr Tim Hogan and he referred to the activity that he undertook as a dentist. He said that people did not feel that they needed to go to a dentist and would only go when they really needed to go.

(28) He spoke of the contract which had been renewed in 2006 which in his view had destroyed the structure of the contract and dis-incentivised dentists to look at those with the greatest of need. He said the costs of dental services were huge and even within his practice 90% of his income was from private patients.

(29) He referred to the new Care Quality Commission requirements whereby in 2011 every dentist had to be registered to have the ability to practice.

(30) RESOLVED that colleagues be thanked for their attendance at the meeting on the important issue of dentistry provision across the county which the Health Overview and Scrutiny Committee will wish to monitor and return to on a periodic basis.

## **5. Forward Work Programme**

*(Item 5)*

(1) The Overview, Scrutiny and Localism Manager submitted a report setting out the revised work programme for the meetings in May, June and July. He also sought the Committee's suggestions for inclusion in the work programme for the meetings in September, October and November.

(2) Attached to the report were some briefing notes relating to the items to be considered over the next three months' meetings and he sought Members' views on further questions that they would like to see added to those already covered so that

these could be sent to those whom the Committee wished to invite to attend the meeting to answer their questions in advance. The ideal was to have a work programme for a year or even more set out in advance.

(3) RESOLVED that the Committee:-

- a) endorse the proposed work programme for the forthcoming meetings; and
- b) were invited to submit any suggestions and questions they would like asked as part of the discussion on the scheduled topics and items for inclusion in future meetings of the agenda to the Overview, Scrutiny and Localism Manager.

## **6. Update on Referral to the Secretary of State for Health**

*(Item 6)*

(1) Included in the papers for the Committee to note was the letter setting out the reasons for the referral of the Committee following the unanimous decision on 19 February 2010 to refer the issue of Women and Children's Services at Maidstone & Tunbridge Wells NHS Trust to the Secretary of State for Health.

(2) The Committee also noted the response from the Department of Health and the further response letter on behalf of the Committee dated 18 March 2010. Since the papers were published a further letter had been received by the Chairman dated 24 March 2010 from the Secretary of State indicating that he had asked the Independent Reconfiguration Panel to undertake an initial review on the Committee's referral. Should that review by the Independent Reconfiguration Panel advise that a full review is necessary then the Committee would have the chance to present their case to the Independent Reconfiguration Panel in full.

(3) The Secretary of State had indicated that he had asked the Independent Reconfiguration Panel to report to him by not later than 7 May 2010.

(4) RESOLVED that the report be noted.