

NHS West Kent's response to Kent County Council's Health Overview & Scrutiny Committee enquiry relating to dentistry.

Executive Summary

The NHS is responsible for providing services that help prevent diseases of the mouth, teeth and gums, and provide appropriate care and treatment where disease occurs. The main diseases are caries (tooth decay), periodontal disease (gum disease) and oral cancer.

NHS hospitals provide some specialist dental services (usually on referral), including specialist orthodontic treatment, oral surgery and complex restorative dentistry, but the vast majority of dental care is appropriately provided in primary care (i.e.: in high street or community based settings).

Most NHS primary dental care is provided by independent contractors, working either as single-handed practitioners or in partnerships. Independent contractors providing NHS services must have either a General Dental Services (GDS) or Personal Dental Services (PDS) agreement with the PCT. These contracts cover the NHS services provided to any patient that accesses them, regardless of the PCT in which that patient is resident or the GP practice with which they are registered. Primary dental services are therefore contracted on a 'catchment' rather than 'residence' basis.

It should be noted that dental providers have no patient list or practice boundary. Consequently patients do not actually register with any particular dental practice and therefore have an open and free choice about where they wish to receive treatment.

Commissioning dental services has only recently become a mainstream activity for most PCTs. Up until 2006, the majority of dentists worked under a national contract with centrally fixed fees. Dentists could decide where they set up practice and how much or how little NHS work they carried out from one month to the next, submitting claims to a central payments board for each item of NHS treatment carried out.

Under this old system, the pattern of NHS services grew out of the business decisions made by individual dentists, rather than any systematic analysis of population needs. The availability of NHS dental services declined from the early 1990s onwards, particularly in areas of the country where dentists found that they could establish a market for private dental services.

The old system was also based on a fee-per-item approach that rewarded a 'drill and fill' approach to dental care. This may have been appropriate in the early years of the NHS when there were high levels of dental decay. However over the last 40 years, oral health in England has improved dramatically, and it had become increasingly clear that some treatments under the old system were unnecessarily invasive. The 2006 reforms introduced:

- A new statutory responsibility for PCTs to secure dental contracts that meet local needs
- Local commissioning, with PCTs managing devolved budgets to dentistry and local contracts with dental providers.

The budgets and contracts that PCTs were devolved largely reflect the level of NHS dental care provided by dental providers during a 12-month baseline period leading

up to the new contracts in April 2006. Consequently PCT dental allocations are not based on a weighted capitation formula to reflect the equitable need and size of their populations but rather upon historic patterns of provision. In this respect it should be noted that NHS West Kent receives one of the smallest dental allocations of any PCT in England when this is expressed on a per 100,000 population basis.

The majority of the dental contracts delegated to NHS West Kent following the 2006 reforms are General Dental Services contracts. These contracts have no specified end-date. The nature of these contracts therefore restricts the PCTs ability to re-commission services within the associated dental budget. However the PCT did recently receive an increase to its dental allocation and has commissioned a number of new dental contracts. These new contracts will significantly enhance provision across West Kent. The PCT also has plans to commission further capacity in 2010 in line with the findings of a revised needs assessment which is currently being finalised.

1. Please provide some key facts about the levels and types of dentistry activity in your PCT area, including:

a. Numbers of dentists providing NHS dental treatment, and the percentages working under the different types of contract;

Table 1: Number of dental performers working under different types of contract

| | 2007/08 | | 2008/09 | |
|---------------------------------------|------------|-------------|------------|-------------|
| | Number | % | Number | % |
| Providing performer | 90 | 32.8% | 82 | 26.7% |
| Performer only | 208 | 69.8% | 225 | 73.3% |
| Total | 298 | 100% | 307 | 100% |
| General Dental Services (GDS) | 260 | 87.2% | 300 | 97.7% |
| Personal Dental Services (PDS) | 29 | 9.7% | 7 | 2.3% |
| Mixed | 9 | 3.0% | 0 | 0 |
| Total | 298 | 100% | 307 | 100% |

Table 1 shows West Kent dental provider information. The source of this data is the Information Centre website.

Currently within West Kent there are:

- 110 separate contracts for primary dental services (of which 99 are General Dental Services contracts and 11 Personal Dental Services contracts).
- 11 practices that hold contracts for the provision of orthodontics only.
- 3 practices that hold contracts for the provision of both primary dental and orthodontic services.
- 27 practices that hold contracts for the provision of domiciliary services and primary dental services.

b. Numbers of dentists providing NHS dental services to children but not adults;

NHS West Kent currently holds twelve child only dental contracts.

c. Information on the levels of dental activity (Units of Dental Activity) and Courses of Treatment, broken down into patient type (i.e.: adults and children);

Table 2: Data on Courses of Treatment and UDAs by Patient Type.

| | 2007/08 | | 2008/09 | |
|-----------------------|-----------------------|----------------|----------------|----------------|
| | CoT | UDAs | CoT | UDAs |
| Band 1 | 194,441 | 194,441 | 200,097 | 200,097 |
| Children | 86,360 | 86,360 | 87,907 | 87,907 |
| Adult | 108,081 | 108,081 | 112,190 | 112,190 |
| Band 2 | 104,491 | 313,473 | 106,078 | 318,234 |
| Children | 33,371 | 100,113 | 33,255 | 99,765 |
| Adult | 71,120 | 213,360 | 72,823 | 218,469 |
| Band 3 | 13,970 | 167,640 | 14,915 | 178,980 |
| Children | 464 | 5,568 | 477 | 5724 |
| Adult | 13,506 | 162,072 | 14,438 | 173,256 |
| Arrest of bleeding | 16 | 19 | 12 | 14 |
| Bridge repairs | 120 | 144 | 96 | 115 |
| Denture repair | 1,335 | 1,335 | 1,260 | 1,260 |
| Removal of sutures | 97 | 97 | 71 | 71 |
| Issue of prescription | 6,275 | 4,706 | 6,426 | 4,820 |
| Urgent | 24,677 | 29,612 | 25,986 | 31,183 |
| Children | 3,485 | 4182 | 4,045 | 4,854 |
| Adult | 21,192 | 25,430 | 21,941 | 26,329 |
| Other COT* | Figures not collected | | 7865 | |
| Children | | | 968 | |
| Adult | | | 6897 | |
| Total | 345,422 | 711,467 | 354,941 | 734,774 |

d. Total number of patients seen by an NHS dentist, and what this is as a proportion of the resident population (for comparison purposes, could the above information be provided for 2007/8 and 2008/9 along with the most current information you have).

Table 3: Number of Unique Patients Seen over previous 24-month period

| Patients | Sept 08 | Sept 09 |
|------------------------|-----------------|-------------------|
| Adults | 170,649 | Breakdown figures |
| % of population | 33.1% | not |
| Children | 94,538 | available |
| % of population | 62.0% | until end Dec |
| Total | 265,187* | 271,873* |
| % of population | 39.7% | 40.3% |

* These figures relate to the total number of individual patients receiving NHS treatment under a dentist in West Kent during the proceeding 24-month period. This is a key performance indicator (a 'Tier 2 Vital Sign' target) for PCTs, underpinned by a NICE guideline which recommends patients to attend a dentist at least once every two-years in order to maintain healthy teeth and gums.

2. How much is spent on commissioning dental services and how do dentists receive remuneration for providing services

In 2008/09 NHS West Kent spent £23.36M gross on commissioning primary dental services. This amount does not however net off Patient Charge Revenue which totalled £5.62M. The PCTs net spend was therefore £17.74M.

Dental contractors get paid a monthly sum in line with contract values. The PCT then performance manage the provider with regard to the value of activity delivered against contract plan. The dental providers, as independent contractors, determine how much they, and the staff they employ, receive in terms of salaries, taking into account the expenses incurred in running their business.

Each NHS dental contract has an associated number of Units of Dental Activity (UDA) which make up the contracts overall activity plan. Each contract has a specified UDA value – in NHS West Kent the average UDA value is £23.00. UDAs are calculated in relation to type of treatment provided to the patient through the Course of Treatment they receive. Each Course of Treatment may require the patient to attend the practice several times to receive their treatment plan. However each Course of Treatment must be completed within a two month timeframe.

Each Course of Treatment is categorised in a “band” which attracts varying UDAs depending on the treatment provided. Please see the tables below for the various values. Dental contractors submit claim forms in respect of each NHS patient they treat (entitled 'FP17'), either manually or electronically to the NHS Business Services Authority – Dental Division. This treatment activity is then counted as UDAs against the value of the dental contractors plan.

Table 4: UDAs recorded against Courses of Treatment

| Type of course of treatment | Units of Dental Activity counted |
|---|---|
| Band 1 course of treatment (e.g.: check-up, scale and polish, x-rays but excluding urgent treatment) | 1.0 |
| Band 1 course of treatment (urgent treatment only) | 1.2 |
| Band 2 course of treatment (fillings, root canals) | 3.0 |
| Band 3 course of treatment (crowns, bridges) | 12.0 |

Table 5: Units of dental activity provided under the Contract in respect of charge exempt courses of treatment

| Type of charge exempt course of treatment | Units of Dental Activity counted |
|---|---|
| Issue of a prescription | 0.75 |
| Repair of a dental appliance (denture) | 1.0 |
| Repair of a dental appliance (bridge) | 1.2 |
| Removal of sutures | 1.0 |
| Arrest of bleeding | 1.2 |
| Conservation treatment of deciduous teeth in a patient who is aged under 18 years at the beginning of a course of treatment | 3.0 |

3. How are dentists remunerated for preventative work?

Preventive care and treatment is part of the mandatory services that all dental contractors must perform as part of their primary dental service contract. Therefore dentists do not receive specific, separate remuneration for preventive work because this element of the care pathway is included within the price of the activity they are contracted to perform.

4. Does the PCT provider arm provide any dental services directly?

West Kent PCTs provider arm (West Kent Community Health) does not provide any dental services. Community dental or salaried services are currently provided through Medway PCTs community provider arm, although the service they provide into West Kent is entitled West Kent Primary Care Dental Service. The community dental service aims to provide patient care in the most appropriate facility for individual patients who cannot, due to special needs, access a general dental practitioner.

The primary objective of the Community Dental Service is to deliver the following salaried dental services:

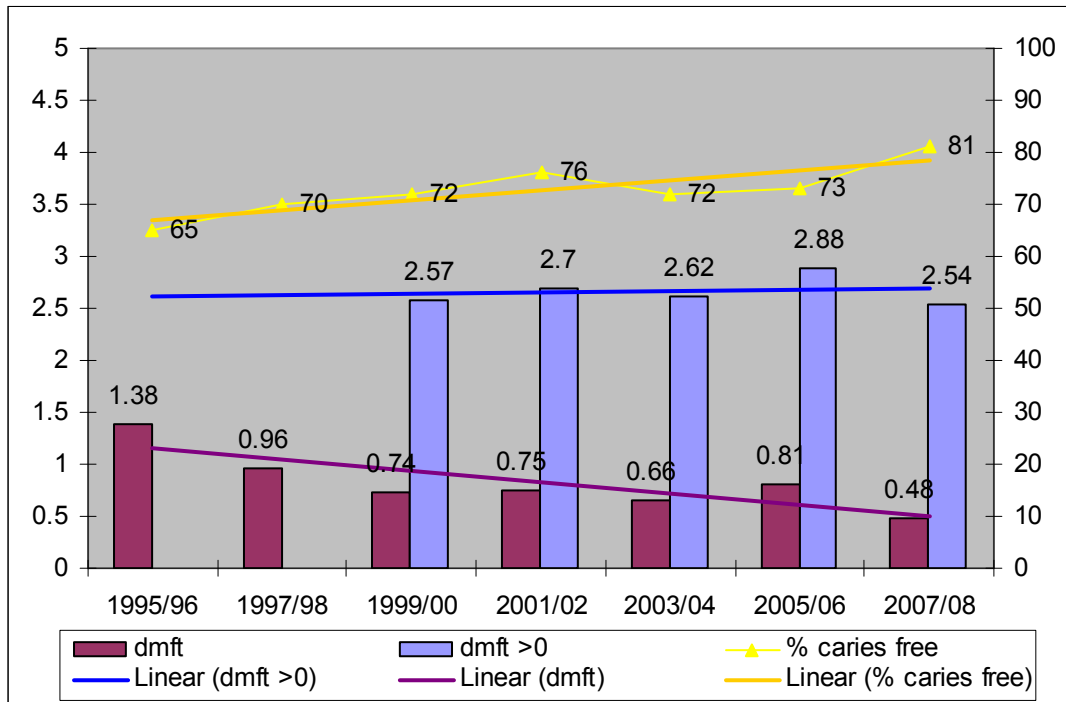
- To provide care for people with special needs
- To complement the current general dental services and specialist services available in the PCT through effective patient pathways
- To have a public health role and oral health promotion targeted both at populations and individuals
- To develop domiciliary services for those who are house bound or for whom there are barriers to care.

5. What information can be provided on the state of children's oral health in your PCT, and how this has changed over time?

The oral health of children is monitored regularly by carrying out epidemiological surveys to standards set by The British Association for the Study of Community Dentistry (BASCD). Levels of disease are measured using the Decayed, Missing and

Filled Teeth (dmft) index which records the number of decayed, missing and filled teeth in a child’s mouth. Table 6 shows the dmft average values and trends from 1995 to 2008 in respect of 5-year olds.

Table 6: Dental disease in 5 year-old children living in West Kent



The data shown in Table 6 shows the following:

- The % of 5 year olds living in West Kent who have no caries (dental disease) has risen from 65% in 1995/96 to 81% in 2007/08.
- The average number of dmft’s per 5 year old in the entire population has reduced consistently from 1.38 in 1995/96 to 0.48 in 2007/08.
- However the average number of decayed, missing and filled teeth in those children with caries has remained fairly constant throughout the period of measurement. The average number of teeth that were decayed, missing or filled in those 5-year children with caries was 2.57 dmft’s in 1995/96. The equivalent number was 2.54 in 2007/08.

Children in the South East and Kent in particular have some of the best levels of oral health in the United Kingdom. However, there are pockets of our county where some children suffer high levels of disease.

It can be seen that overall there is a downward trend in the amount of dental disease in the 5 year-old population with the number of caries free children increasing. What is interesting is that the level of disease suffered by those with decay (dmft>0) appears to be little changed. This would imply that there are a smaller number of children suffering higher levels of dental disease. This is supported anecdotally by the Community Dental Service who treat many of these high need children.

We know that in common with many diseases there is a strong correlation between oral disease and socio-economic deprivation. Table 7 shows the latest data for the whole of Kent and shows the variation of disease across local authorities.

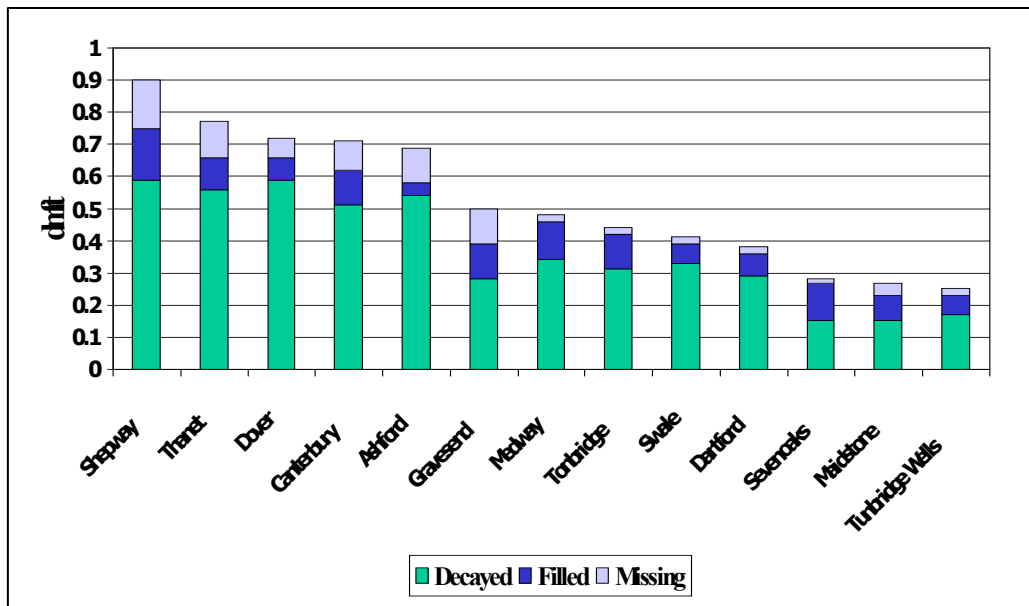


Table 7: Dental disease in 5 year-old children by local authorities across Kent (BASCD data 2007/08).

These data are used to target local schools and population for oral health promotion. There are a number of Sure Start schemes that include ‘Brushing for Life’ as part of their operation. In addition the Community Dental Service target those schools in West Kent with pupils who have the poorest oral health for intensive health promotion programmes. Furthermore the PCT is developing plans to introduce topical fluoride varnish pilots.

The PCT will also be undertaking an ongoing social marketing campaign in dentistry and dental care. This will highlight the importance of good oral health and why it is necessary for everyone to see a dentist at least once every two years in order to maintain healthy teeth and gums. It is hoped that these measures will address known inequalities in oral health.

6. Who provides out of hours dental services and how do patients access these?

Most practices in West Kent do not provide their own out of hours service for NHS patients. Practices opting out of out of hours are required to signpost patients to the arrangements with DentaLine which are outlined below.

DentaLine is commissioned by NHS West Kent to provide an emergency dental service. DentaLine is part of community dental or salaried services hosted by Medway Community Health Care (provider arm of NHS Medway). This service is provided at a number of designated dental access centres by booked appointment. Patients need to telephone the Kent DentaLine on 01634 890300 and will be given an appointment slot at a centre if urgent treatment is considered necessary.

This service is available between 7.00PM - 10.30PM during weekdays and between 09.30AM and 11.00AM. DentaLine treat patients who:

- are bleeding heavily (haemorrhaging) from the mouth
- have an injury to their teeth or mouth
- have severe facial swelling
- are in pain that started suddenly and cannot be eased by pain killers

NHS charges apply to all out of hours dental services.

7. What is the patient pathway for those with advanced oral health needs (such as cancer, and/or courses of treatment involving referral to a consultant)?

The general dental practitioner refers the patient to secondary care services following standard protocols for cancer referrals to Maidstone and Tunbridge Wells NHS Trust; Dartford and Gravesham NHS Trust; The Queen Victoria NHS Foundation Trust; Guy's and St Thomas' NHS Foundation Trust plus others. The specialties referred to are maxillo-facial and/or oral surgery.

8. Are there any particular geographical areas where there are issues around commissioning adequate dental provision?

The PCT are refreshing their dental needs assessment in relation to access issues. This is being led by colleagues in Dental Public Health and should be completed in January 2010. Geographical areas where there is a priority need for further capacity to be commissioned will be highlighted by this report.

9. Are there any particular times of year where there are issues around commissioning adequate dental provision?

The PCT is not aware of any seasonal issues relating to the demand for dental care. The supply side could however be affected by significant outbreaks of seasonal flu etc. However with over 100 providers of NHS dental care across West Kent this risk is considered to be small and to date we have not experienced any seasonal related issues.

10. What are the challenges faced by PCTs in commissioning adequate dental provision and what plans does the PCT have to develop dental services in the future?

The key challenges faced by PCTs in commissioning adequate dental provision are:

- Public awareness of oral health and dentistry and stimulating the demand for dentistry and highlighting its essential role in primary prevention
- The amount allocated to the PCT for dentistry – in 2009/10 this is £23.08 million net
- The timescales associated with full tendering processes are lengthy and can take almost a year before contracts are signed and new services mobilised
- The PCT has recently had its Tier 2 Vital Sign target relating to the number of Unique Patients Seen over the 24 month period ending March 2011 increased from 320,873 to 357,500

- Some dental performers do not always strictly follow NICE guidelines relating to the recall of patients. These are attached in the link below. <http://www.nice.org.uk/nicemedia/pdf/CG019quickrefguide.pdf>
- Robust and transparent contract monitoring to ensure contractors deliver best quality and value for money is time-consuming with regards to management resources.

The PCT plans to:

- Undertake a social marketing campaign to stimulate the demand for dentistry and public awareness across West Kent.
- Secure additional capacity, through contract variations on a non- recurrent basis for 2009/2010.
- Look at different ways of procuring additional capacity and new contracts in order to mobilise the extra services for patients in a timely way.
- Procure significant additional recurrent capacity from 2010/11.
- Improve the performance and delivery against our existing dental contracts (e.g. to ensure NICE guidance followed).

11. What powers of prescription do dentists have and how much prescribing is carried out by them?

Dentists can only prescribe items listed in the Dental Prescribing Formulary (Part XVIIIA of the Drug Tariff) and are prescribed on Form FP10 (D). Although the Dental Formulary displays products by their generic titles and dentists are strongly encouraged to prescribe generically, a product may be ordered on Form FP10 (D) by its brand name providing that the brand is not listed in Part XVIII A of the Drug Tariff (the blacklist).

Relevant information is attached in the links below:

http://www.psn.org.uk/pages/prescribing_rights.html

http://www.psn.org.uk/pages/introduction_to_the_drug_tariff.html

http://www.nhsbsa.nhs.uk/PrescriptionServices/Documents/Drug_Tariff_Guidance_Notes.doc

b. How much prescribing is carried out by them?

Dental data is only available at a national (England) level as the prescription forms do not identify the Primary Care Trust (PCT) of the prescriber or the patient and therefore the prescriptions cannot be attributed.

Relevant information is attached in the links below:

<http://www.ic.nhs.uk/webfiles/publications/PrescribingDentists08/Prescribing%20by%20Dentists%202008.pdf>

12. Please provide the following information relating to customer services (including information from PALS)

- a) How many enquiries are received each quarter relating to dental services and what trends can be identified regarding the nature of these enquiries?**
- b) How many complaints/compliments/comments have been received about accessing dental services?**
- c) How many complaints/compliments/comments have been received about the quality of the services?**

d) How has information from customer services about dentistry informed service development?

Table 8 below shows the total of enquires, including complaints, received by NHS West Kent Customer Services in quarterly periods from July 2007 to the present time.

The information is used primarily for two main purposes. Firstly to identify any issues that relate to individual dental contractors or dental practitioners which the PCT will then investigate and manage accordingly. Secondly we use the intelligence to inform service development and specifically future procurements. In this respect, the information that underpins some of the data in Table 8 will be used as part of the refreshed dental needs assessment through which the PCT will determine where to place further additional contracts and capacity.

Table 8: Summary of dental enquiries and complaints

| Period | 2007/08 | | | 2008/09 | | | | 2009/10 up to 9th December 2009 | | |
|---|------------|------------|-------------|-------------|-------------|------------|------------|---------------------------------|-------------|------------|
| | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| Requests for details of how to access an NHS dentist | 285 | 158 | 1024 | 1075 | 1317 | 749 | 652 | 1015 | 1063 | 584 |
| Request for a domiciliary visit | 0 | 0 | 2 | 2 | 2 | 2 | 5 | 14 | 12 | 31 |
| Request to be put on waiting list for new practices following procurement | | | | | | | 45 | 10 | 3 | 5 |
| Complaints re dental charges | 1 | | 2 | 2 | 1 | 3 | 6 | 12 | 11 | 10 |
| Complaints re treatment/diagnosis | 1 | | 3 | 2 | 4 | 8 | 15 | 13 | 13 | 12 |
| Complaints re attitude/communication | | | | 1 | | 1 | 1 | 5 | 5 | 4 |
| Request re referrals | | | | | 2 | 1 | | | 2 | 2 |
| Orthodontic query | | | | | | 1 | 1 | | 1 | 2 |
| Wheelchair access | | | | | | | 1 | | | |
| Miscellaneous | | | | | | | 5 | 6 | 8 | 13 |
| Total Dental Queries | 287 | 158 | 1031 | 1082 | 1326 | 765 | 731 | 1075 | 1118 | 663 |