Eastern and Coastal Kent

NHS Eastern and Coastal Kent's response to Kent County Council's Health Overview and Scrutiny Committee enquiry relating to dentistry

1. Introduction

The nation's oral health has improved significantly since the establishment of the NHS General Dental Service (GDS) in 1948. As recently as 1968 the proportion of the adult population in England and Wales who were edentate (toothless) was 37%. The latest figure is estimated to be 6%. The improvements in oral heath are due to a combination of developments, including fluoridation (of toothpaste and, in some areas, the water supply).

The way in which NHS dental services are provided and commissioned has recently undergone significant change. Although there have been great improvements in oral health over the last fifty years, the provision of dental services has attracted negative public and media attention for over a decade. The 1990s were marked by increasingly difficult relations between the DH and dentists. Later, reports of long queues of patients hoping to register with a newly established NHS dentist added a vivid, if in many places misleading, image of a system that was under intolerable strain. In 1999, faced with increasing disquiet at the state of NHS dental services, the then Prime Minister, Rt Hon Tony Blair MP, committed the Government to ensuring that, within two years, access to an NHS dentist would be available to any one who wanted it.

2. Drivers of Change

- 2000: Commitment to improving access to dentistry in the NHS Plan: A Plan for Investment, A Plan for Reform
- 2000: Modernising NHS Dentistry: Implementing the NHS Plan
- 2002: NHS Dentistry: Options for Change
- 2004: Personal Dental Service (PDS)
- 2006: new General Dental Service (GDS) contract introduced
- 2006: Primary Care Trusts (PCTs) given powers to commission services to meet local needs (previously commissioning had been done centrally by the NHS).
- 2006: Charging system for patients was simplified.

3. The pre-2006 system

NHS dentistry was founded in 1948 with the establishment of the General Dental Service (GDS). The GDS provided patients with "dental care via general dental practitioners (GDPs)" who mainly worked as independent contractors from high street local surgeries. In 1993 the history of the management of the GDS since 1948 was described by some as one of

“supervised neglect”. In effect the way that services were delivered through the GDS had remained largely unaltered for nearly sixty years.

Until 2006 those dentists and orthodontists who chose to work within the GDS did so as independent practitioners and were able to choose where they established their practice and which services they provided to patients. Many dentists operated in what the British Dental Association (BDA) described as “a mixed economy” providing both NHS dentistry and private treatment according to the level of demand in their locality. Secondary dental care, usually for particularly complex cases, was provided in hospitals by dental specialists. Another important element of NHS dentistry was the Community Dental Service (CDS). The CDS comprised approximately 1,000 dentists who were employed by local health authorities and received an annual salary. CDS dentists provided a service for particular categories of patient: for example, those with an extreme phobia of dentists and those with special needs. Dentists recorded the treatment given to patients and payment for the work claimed came from a central budget.

4. Changes to the system, 1948–2006

Since the establishment of an NHS dental service in 1948 there have been three major developments:

- the introduction of patient charges in 1951
- a revised dental contract between the DH and dentists in 1990
- the new GDS contract between dentists and Primary Care Trusts in 2006

NHS dental charges were introduced in 1951 for adult patients, with exemptions for those in receipt of income support or who were pregnant or nursing mothers. Charges were made according to an itemised list of treatments which, by 2006, had mushroomed to over 400 items ranging from a simple check-up to more complex root canal treatment and crown work.

The next significant change occurred in 1990 when the DH introduced registration for adult patients. Capitation payments for treating children up to the age of 16 were also introduced. The declared intention of the new arrangements was to place greater emphasis on continuing dental care.

However, following the changes, in 1991–92 the DH had overspent its dental budget by £190 million. In 1992–93, in an attempt to bring the expenditure on dental services under control, the DH reduced the amount paid for each item of treatment by 7%. This action resulted in great discontent amongst the dental profession and resulted in a haemorrhage of dentists away from the NHS.

5. Need for Dental Services

Within the overall positive picture of reduced dental disease, there are generational differences in oral health. Dental practitioners sometimes refer to ‘the heavy metal generation’, that is people aged over 45 who did not benefit

from fluoridated toothpaste or water supplies when they were children. This cohort has, unlike previous generations, maintained their teeth but frequently has had large fillings (which from time to time require replacements involving more complex treatment). In comparison, people aged under 45 generally have better dental health. For children, the figures for oral health are even better with many having experienced no dental disease. Decay rates have fallen in all social groups albeit significant disparities remain between socio-economic groups and between regions of the country.

While oral health has generally improved, demand for dental services has not diminished. The DH explained that there had been a change in demand as “patients’ focus has moved from simply ensuring their teeth are healthy and pain-free to an ever-stronger desire that they should also be cosmetically pleasing.”

5.1 The case for change

During the 1990s the DH argued that the GDS no longer met the oral health needs of the population and required substantial reform

5.2 The new dental contract

From April 2006 the new arrangements made three key changes to the dental system.

5.2.1 PCTs were given the power to commission dental services to meet local needs. In essence, the changes involved a switch from the General Dental Services (GDS) contract, under which dentists were paid by the NHS for the work they had done, to a system whereby Primary Care Trusts commissioned dental practitioners to provide an agreed level of activity. This brought dentistry in line with other NHS services. The DH argued that PCTs were best placed to tailor dental services according to local needs.

5.2.2 The patient charging system was simplified from more than 400 possible charges into three charging bands. In place of the more than 400 possible charges, the DH introduced a three-tier payment structure covering treatments ranging from check-ups and fillings to more extensive and complex work such as crowns and dentures. The DH argued that that reform of the fee per item charging system would benefit patients by removing confusion about what they could expect to pay for their treatment. It was also argued that reform would bring greater clarity for patients regarding which treatment was available under the NHS and which treatment was provided under private arrangements.

5.2.3 Dentists were remunerated according to Units of Dental Activity (UDA). The new contract replaced the old fee per item payment system with a remuneration system which provided dentists with an annual income in return for an agreed amount of dental treatment measured in Units of Dental Activity (UDAs). The DH argued that the UDA system gave dentists an incentive to switch the focus of their treatment from active treatment of patients to prevention.

5.3 Patients seen by an NHS dentist

Until 2006 the Department's chosen method of determining usage of dental services was the number of patients seen by a dentist in a 12 month period. With the introduction of NICE guidelines this has been increased to a 24 month period. Following the introduction of the new contract in 2006 there was a fall in the number of people being seen by an NHS dentist. This prompted the Government to invest a large amount of money, over and above inflation and year on year growth to procure more General Dental Services. This money was ring fenced and targets on access for all by 2011 appeared in the NHS Operational Framework.

6. What is being commissioned in NHS Eastern and Coastal Kent?

The PCT commissions dental services from dental practices either under a General Dental Services contract (GDS) or as part of Personal Dental Services contract (PDS).

The GDS contract is between the PCT and each individual practitioner. The individual practitioners may then join together to form a partnership or group practice.

PDS contracts are for the provision of "specialist" high street services such as practices limited to orthodontics, and those providing other services on referral which the PCT may want to commission.

A summary of contract information is shown on table 1 below:

Table 1

	2007/8	**2008/9**	**2009/10**
Contracts	98	98	105
GDS contracts	82%	88%	91%
PDS contracts	18%	12%	9%
Children only contracts	7	7	7
Unit Dental Activity (UDA Children	43.9%	40.6%	35.4%
UDA's – Adults	29.3%	26.9%	23%
% of population seen	301,002 (41%)	345,047; 47%	349,071; 47% of population (quarter ending September 2009)

Note: -children only contracts are historical pre 2006.
-Information on patients seen is based upon the previous 24 months

In December 2008 the PCT approved an investment of £728,000 to increase access to dental services in Ashford, Sittingbourne and Canterbury. All three new surgeries are now operational. In addition to this a further investment of

£4.5m was made following a needs assessment that will see new surgeries operational in all of the following localities by early 2010;

Deal, Dover, Chestfield, Whitstable, Faversham, Broadstairs, Cliftonville, Isle of Sheppey and Hawkinge.

All of these new contracts will provide extended opening hours and provide support with oral health promotion. In procuring new contracts the PCT has not experienced any difficulties in attracting existing or new providers to any of the geographical areas of the PCT.

The waiting times for Orthodontic treatment have been reduced to less than 3 months following increased investment during 2008.

As part of the GDP and PDS contract, providers are expected to carry out preventative work on examinations and hygiene visits.

Locally within the PCT agreed pathways are in place for advanced oral health needs (such as cancer, and/or courses of treatment involving referral to a consultant). General Dentists can refer to the hospital consultants directly who will triage the patients based on evidence from the referral letter.

In addition to the GDS and PDS contracts NHS Eastern and Coastal Kent also commission the following services in primary care;

6.1 Out of Hours

DentaLine is the PCTs NHS's emergency dental service. DentaLine can 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

Normal opening hours: 7pm-11.20pm every day plus weekends and bank holiday mornings 9.30am to 11am.

Patients should telephone the DentaLine before attending and will be assessed during their call to determine how urgently treatment is needed.

For emergency advice or help in finding a local service residents of East Kent can call DentaLine service on 01634 890300.

6.2 Community Dental Services

Eastern and Coastal Kent Community Services provide Community Dental Service. The service provides a range of functions; they include specialist dentistry to patients who are unable to access mainstream dentistry because of a physical, mental or social disability. In addition to specialist care in

periodontology, geriodontology, domiciliary care, bariatric dental care, general anaesthetics, epidemiology and dental health education.

7. What is spent on primary care dental services?

All providers of NHS dental services receive one twelfth of the value of the contract each month. A breakdown of spend in 2009/10 is shown on table 2 below:

Table 2

	£'000
Budget	20,479
Actual spend (up to Jan 2010)	17,880
Variance	2,599
Forecast	2,700

Currently the PCT is forecasting a £2.7m underspend on its allocation for 2009/10. This position is due mainly for two reasons, firstly the predicted underperformance by existing contracts along with delays by contractors to mobilise new contracts awarded by the PCT during 2009.

8. Children's Oral Health

NHS Eastern and Coastal Kent participates in the national dental epidemiology programme which is sponsored by the DH and the British Association for the study of Community Dentistry (BASCD). BASCD studies have been undertaken for many years recording annually the decayed missing and filled (DMF) data of five year old, eight year old and twelve year old children on rotation. The DMF has decreased over the last 15 years but with some children experiencing high levels of decay. Caution should be given in interpreting data from year to year as the organisational boundaries have changed to which the data relates. Access to national and local results are available on the BASCD website.

In Eastern and Coastal Kent 73.2% of children are caries (decay) free compared with the England average of 69%. The average number of decayed missing and filled teeth (DMFT score) is 0.86 against an England average of 1.1.

9. Challenges

Ultimately funding will be a constraint on the levels of new services that can be commissioned and new measures are being put in place to ensure value for money from existing contracts. Contract monitoring of existing services will give increased efficiency and productivity therefore increasing capacity to treat more patients.

NHS Eastern and Coastal Kent are committed to achieving its national target to provide access to NHS dental services to 55% (409,000 people) of the

population of East Kent in the next 5 years by its commitment of £4.5m, currently the PCT is achieving 47% (360,000 people) so there are plans to improve access and meet the target. The national average is 54%.

Maintaining the commitment of dentists to the NHS- the PCT actively encourages and supports practices to approach the PCT should they have concerns or problems that they are experiencing. The Steele report of 2008 has identified a need to change certain aspects of NHS dentistry, in particular the contract and subsequently pilots are being run around the country to determine a better way forward.

NHS Eastern and Coastal Kent have expressed an interest with the DH to be part of Wave 2 pilots that are expected to start in October 2010, with a view to help involve local dentists in the possible new developments within the NHS dental provision. Local GDP engagement is key to ensure that all are assured of the importance of local opinion.

Emergency/OOH services are currently under review to improve services and access and therefore the patient experience.

Specialist services historically provided predominantly by secondary care trusts are being reviewed to determine to what level these types of treatment can be carried out in primary care and therefore improve patient experience and bring services closer to people's home.

An oral health promotion campaign is planned to bring the message to as many people, especially children, as possible. Schools will have sessions on oral hygiene and brushing techniques, care homes will be visited where possible to help raise awareness of good oral hygiene later in life, the general public as a whole will be targeting by an advertising campaign.

Implementation of the decontamination guideline HTM01-05 – The PCT is currently carrying out an audit to determine a baseline of compliance to help inform the risk assessment prior the December 2010 deadline. The PCT is working with practices to support their action plans to ensure compliance. At this stage it is not possible to know the level of risk and therefore, what extra support the PCT may need to provide.

10. Dental Prescribing

There is a national dental practitioners' formulary which provides guidance on what NHS dentists can prescribe. These relate mainly to the management of dental and oral conditions and include analgesics, drugs to treat or prevent infection, anaesthetics and drugs to sedate as well as specific preparations for oral conditions.

There is no way of ascertaining how much prescribing is carried out by dentists. Dental prescriptions, after dispensing in a community pharmacy, are sent to the Prescription Pricing Division (PPD) in Newcastle where they are priced and the community pharmacy remunerated. The DH has not commissioned the PPD to collect any data on dental prescribing so it is

impossible to know how much has been prescribed. There are two main areas where this could potentially pose a problem for the PCT:

- Hypnotic prescribing – we know that temazepam and diazepam have a street value to addicts and we routinely monitor GP prescribing in this area. Because we have no access to data on dental prescribing, we are not able to see if a dentist might be under pressure to prescribe these drugs inappropriately.

- Antibiotics – because of the national high priority of tackling Healthcare Acquired Infections, the PCT regularly monitors GP prescribing of antibiotics which contributes to the build up of resistant strains of micro-organisms. There is no way of knowing the level of dental prescribing in this area or the antibiotic chosen.

11. Customer Services

A dedicated dental freephone helpdesk (0808 238 9797) and texting service (07943 091 958) was launched on 9 November 2009. This helpdesk provides non clinical advice that includes:

- Helping patients, who currently don't have a dentist, access emergency dental treatment.
- Provide information on where patients can receive NHS treatment
- Explain the NHS charges and the treatment included in each price band
- Provide information on specialist dental services such as orthodontics.

During the first 4 months of the helpdesk opening:

- 6582 calls were taken from patients, 3483 wishing to access an emergency appointment.
- 5083 callers have been given details of practices with capacity to treat patients
- 339 callers have made general enquiries that include for example dental treatment costs
- 300 text messages have been received requesting details of where their nearest NHS dentist is located.

A promotional campaign has raised awareness of the new dental helpline and raised the public's awareness that it is now much easier to get an NHS dentist than in the past.

During this period the PCT received six verbal complaints along with four letters of complaint relating to access and six complaint letters relating to concerns about the quality of the service they received during the past twelve months. Feedback from the public about the helpdesk has been very positive.

Prior to the opening of the helpdesk the PCTs PALS service was the point of contact for the public although no detailed records were kept of general dental

enquiries. It was however recognised by the PALs service that the volume of calls they received was less than the calls now recorded by the helpdesk. This earlier information from PALs helped support the plans to invest additional resources in dental care.

In future the PCT will be better placed from more detailed information from the new helpdesk to enable a more targeted approach to future investment and performance management of existing contractors.

12. Summary

In summary, huge progress has been made this year to improving NHS dentistry and NHS Eastern and Coastal Kent will

After little change for 60 years in the way General Dental Services have been delivered, from 2006 Primary Care Trusts have been taxed with delivering a needs lead service from a devolved budget. This has taken some time to establish and for General Dental Practitioners to accept the changes but now more services are opening giving the public more access and choice. NHS Eastern and Coastal Kent has been making huge progress to continue to ensure dental care is a priority to enable more of our population to easily access NHS dental care and treatment.

Of course the service is continually being scrutinised and following the Health Committee report in 2008 a review of the GDS carried out by Professor Jimmy Steele[1] was published in 2009 and will result in further GDS pilots and possible further changes.

[1] NHS dental services in England: An independent review led by Professor Jimmy Steele June 2009 DH