NHS
Eastern and Coastal Kent

Paul Wickenden
Overview, Scrutiny & Localism Manager
Kent County Council
Legal and Democratic Services
Sessions House
County Hall
Maidstone ME14 1XQ

Trust Headquarters
Brook House
John Wilson Business Park
Reeves Way
Chestfield
Whitstable
Kent CT5 3DD

Tel: 01227 795021
Fax: 01227 795025
david.meikle@eastcoastkent.nhs.uk

Our Ref: DM/ah-cd
01 June 2010

Dear Paul,

Re: HOSC Meeting 26 March on Dentistry – Further Questions

Thank you for your letter of 12 April seeking clarification on a number of supplementary questions relating to dental services. I would like to respond to each question as follows:

1. Financial Allocations

Table 1 below sets out the detailed allocations for each of the PCTs in the South East Coast SHA compared to the national average and average costs for all England SHAs. The information on population is taken from the National Statistics data for population sizes by PCT area for the mid-year 2008. Of the 8 PCT's in SEC SHA, NHS Eastern and Coastal Kent are 6th in the level of funding per head of population. The Dental Allocation for the SHA is based upon the PCT's share of the nationally available dentistry resources for 2004-5 and 2005-6. There was an exercise whereby new contracts were awarded based upon the volume and type of NHS dentistry work undertaken by each practice within a defined reference period. The allocations have been uplifted for growth each year and in 2009/10 there was an additional uplift to PCTs to improve provision (in the case of Eastern and Coastal Kent this was an additional £1.35m).

Table 1

PCT	Net Allocation £000s	Population '000's	£ per population
Medway PCT	13,442	254	53.03
Brighton and Hove City PCT	12,392	254	48.83
West Sussex PCT	32,717	789	41.49
East Sussex Downs and Weald PCT	12,766	333	38.35
Hastings and Rother PCT	6,768	178	37.98
Eastern and Coastal Kent PCT	**25,944**	**728**	**35.64**
West Kent PCT	23,112	674	34.31
Surrey PCT	37,102	1,089	34.08
England	**2,192,000**	**51464.6**	**42.59**

Cont'd.

2/

PCTs summed by SHA			
North West SHA	328,136	6,874	47.74
London SHA	353,729	7,668	46.13
North East SHA	116,042	2,571	45.14
Yorkshire and the Humber SHA	230,405	5,218	44.16
West Midlands SHA	228,066	5,408	42.17
South West SHA	214,865	5,210	41.24
East of England SHA	233,297	5,717	40.80
South Central SHA	156,371	4,059	38.52
South East Coast SHA	164,243	4,309	38.11
East Midlands SHA	166,246	4,429	37.53
Allocation awaiting confirmation	600		

2. Dental charges

Information is collected from both the PAL's telephone calls and from the newly commissioned dental helpdesk and there has not been a case recorded to date where patients have refused to pay the appropriate dental charges. There are also no known complaints from dentists that they have been unable to collect charges for treatment provided.

3 Mobile Dentists

The PCT did explore the use of mobile dental units in the development of a local business case however when the business case came under further scrutiny the health and safety issues and overall costs could not be justified as offering value for money.

4. Gypsy and Travelling Community

Several years ago the Eastern and Coastal Community Dental Service did operate a mobile dental unit specifically for the Gypsy communities. The uptake was very small and as a result the service stopped.

Patients do not need to register with a dentist they are able to visit any NHS dentist that has availability, alternatively they are able to use a Dental Access Centre (DAC) where services are provided by Community Dental Team. DAC's are located across East Kent area and are accessed either by calling the dental helpdesk or by presenting to the centre where an appointment will be allocated. Dentists will also accept all referrals or "phone and go" patients regardless of a fixed address. The FP17 form that is completed at the time of treatment does need an address but this could be a caravan park or hostel address.

Cont'd.

5. Dental Screening of Children

Screening for children which did occur three times in their school life has not been undertaken nationally for several years. There is evidence that shows that screening has had no positive effect on population levels of dental disease. Since 2008 it has been necessary to gain parental "positive consent" rather than the historical "opting out" system and this has severely curtailed the effectiveness of screening. Studies have shown that parents who give consent are generally more dentally aware than those who don't and therefore it is more likely that children who do not need treatment are those which are screened.

We know from previous years that the Pareto rule exists in dental disease in the population in that 80% of children have little or no dental disease whilst 20% have severe disease. It is generally the 20% who do not consent to screening.

There are other ways of identifying the school children with high levels of dental disease without screening which is also cost effective. There is a strong correlation between free school meals and oral health. 10% of those schools with high levels of free school meals are currently targeted for dental health education. The challenge for the community dental service is identifying which schools offer free school meals and accessing schools for dental health education when there are already time constraints in schools timetables.

NHS Eastern and Coastal Kent endeavours to allocate the funding it receives where it will be best be utilised, giving the greatest benefit to oral health in the most efficient way, whilst also ensuring value for money. Continual review of demand data collected by our dental helpdesk is assisting with this process and informing commissioning decisions that will best serve the population now and for the future.

Kind regards.

Yours sincerely,

David Meikle
Acting Chief Executive