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To: Health Overview and Scrutiny Committee – 7 January 2011

Subject: Dentistry – Background Note.

1. Introduction

(a) On 8 December 2010, the Adult Dental Health Survey for 2009 was published. This was the fifth in a series which has been carried out every ten years since 1968. The key facts identified in this survey are as follows:

- “Over the last 30 years the proportion of adults in England who had no natural teeth (“edentate”) has fallen by 22 percentage points, from 28 per cent in 1978 to 6 per cent in 2009.
- Eighty-six per cent of dentate adults had 21 or more natural teeth.
- The average number of teeth among all dentate adults was 25.6.
- Over three-fifths (61 per cent) of dentate adults said they attended the dentist for regular check-ups;
- Twelve per cent of all adults (who had ever been to the dentist) were classified as having extreme dental anxiety.¹

2. The Dentistry System

(a) In 2006, a new system of dentistry was introduced. There were three main components:

- Three payment bands were brought in to replace a system of around 400 possible charges.
- Responsibility for commissioning services was devolved to local Primary Care Trusts (PCTs).

(b) The charges for the different bands of treatment from 1 April 2009 are:

- Band 1. £16.50. “This covers an examination, diagnosis (e.g. X-rays), advice on how to prevent future problems, a scale and polish if needed and application of fluoride varnish or fissure sealants. If you require urgent care, even if your urgent treatment needs more than one appointment to complete, you will only need to pay one Band 1 charge.”
- Band 2. £45.60. “This covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work or if your dentist needs to take out one or more of your teeth.”

¹ The Information Centre for Health and Social Care, *Adult Dental Health Survey 2009*, <http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/dentistry/adult-dental-health-survey--2009-first-release>

Item 5: Dentistry – Background Note.

- Band 3. £198.00. “This covers everything listed in Bands 1 and 2 above, plus crowns, dentures or bridges.”²
- (c) There are various groups that are exempted from dental charges (including those under 18), or who receive help with costs.³
- (d) Charges offset 29% of the cost of NHS dentistry⁴.

3. Dental Commissioning

- (a) Primary Care Trusts commission most dental services through either a GDS (General Dental Service) or PDS (Personal Dental Service) contract.
- (b) PCTs can also commission services of a more specialist nature through the DwSIs (Dentist with Special interest scheme) – the scheme was launched with four initial key competencies, Orthodontics, Minor Oral Surgery, Endodontics, and Periodontics.
- (c) Alongside the independent contractors there are a number of dentists who work as salaried dental primary care dentists. They often provide generalist and specialist dental care for vulnerable groups and are involved in public health work.⁵
- (d) Under the new GDS contract that was introduced in 2006, a provider is contracted to undertake a specified number of Units of Dental Activity (UDAs). There is no specified number of patients who must receive treatment. This number can sometimes be provided before the end of the contract period. If a provider has not undertaken all the UDAs by the end of the contract period, money can be ‘clawed back’ by the PCTs.
- (e) A dentist is awarded 1, 3, or 12 UDAs for each course of treatment, depending on its complexity:
 - Band 1 treatment = 1 UDA
 - Band 2 treatment = 3 UDAs
 - Band 3 treatment = 12 UDAs

² All quotations in the section taken from Department of Health leaflet, “NHS dental services in England”,

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_096611.pdf

³ Ibid, this leaflet contains details of exemptions.

⁴ NHS Dental Services in England, An Independent Review led by Professor Jimmy Steele, Department of Health, June 2009, p.25,

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_101180.pdf

⁵ Salaried Primary Dental Care Services (SPDCS) were formally known as Community Dental Services.

- Urgent treatment = 1.2 UDAs⁶
- (f) As a result of the way the transition from the old to the new contracts was regulated, there is no set value for 1 UDA. In other words, different dentists receive differing amounts of money for delivering a course of treatment. The average is £25, with a range of between £17 and £40.⁷
- (g) Dentists are allowed to provide both NHS and private dental services (for different patients and for the same patient).
- (h) While there has never been a requirement for a patient to ‘register’ with an NHS dentist, between 1990 and 2006, a portion of a dentists’ remuneration was linked to the number of patients registered. “Since 2006, this feature of the remuneration system has no longer applied, but this does not prevent patients from receiving continuity of care.”⁸
- (i) There are also a range of specialised dental services provided in hospitals such as oral surgery, specialist orthodontics and more complicated root canal and bridge work.

4. The Steele Review and Development of a New Contract

- (a) In December 2008, The Secretary of State for Health (then Alan Johnson MP), asked Professor Jimmy Steele to undertake an independent Review of NHS Dental Services in England. This was published in June 2009⁹.
- (b) “The Review made 38 recommendations. These recommendations were based on a need for:
 - Clear care pathways for patients, incorporating oral health maintenance and management of health risks as well as emergency and complex treatments.
 - Clearer information for the public on how to access NHS dentistry, and their entitlements, including a right to register with a dentist for continuing care.
 - Clear national guidelines for dentists on care pathways, quality and on what the NHS offers

⁶ NHS Dental Services in England, An Independent Review led by Professor Jimmy Steele, Department of Health, June 2009, p.68,
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_101180.pdf

⁷ Ibid, p.28.

⁸ Government Response to the Health Select Committee Report on Dental Services, October 2008, p.18,
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_088997.pdf

⁹ The full version of the report and associated material can be accessed here:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_101137

Item 5: Dentistry – Background Note.

- Greater responsibility for all parties involved in NHS dental services, including dentists and commissioners.”¹⁰
- (c) The NHS White Paper, *Equity and Excellence: Liberating the NHS*, stated:
- “Following consultation and piloting, we will introduce a new dentistry contract, with a focus on improving quality, achieving good dental health and increasing access to NHS dentistry, and an additional focus on the oral health of schoolchildren.”¹¹
- (d) On 16 December 2010, the Department of Health published proposals for carrying out 50 to 60 pilots across the country from April 2011 to test three different contract models and inform the development of a new contract.¹²
- (e) The three elements of the new contractual system being developed are:
1. Registration – A right of registration with a dental practice is to be restored.
 2. Capitation – The proposal is to pay dentists according to how many patients they provide care for, not how many courses of treatment they provide.
 3. Quality – A system of monitoring and paying dentists for the quality of care they provide will be introduced.¹³
- (f) The NHS White Paper also stated that in the future the commissioning of dental services would be the responsibility of the NHS Commissioning Board, rather than GP Consortia.¹⁴ The public health White Paper, *Healthy Lives, Healthy People*, said that GP Consortia will be encouraged to work with professionals, including dentists, “to improve the health of the local population as a whole.”¹⁵

¹⁰ Steele Implementation Programme: Briefing Pack, p.3, Department of Health, February 2010,

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_112591.pdf

¹¹ *Equity and Excellence: Liberating the NHS*, p.26, July 2010,

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_117794.pdf

¹² Department of Health, NHS dental contract: proposal for pilots December 2010,

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122660

¹³ Department of Health, *NHS Dental Contract: Proposal For Pilots*, December 2010, pp.9-10,

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122789.pdf

¹⁴ *Equity and Excellence: Liberating the NHS*, p.28 July 2010,

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_117794.pdf

¹⁵ *Healthy Lives, Healthy People*, Department of Health, November 2010, p.62,

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122347.pdf

5. Care Quality Commission Registration

- (a) The Care Quality Commission (CQC) is the independent regulator of health and adult social care services in England. It also protects the interests of people detained under the Mental Health Act.
- (b) The Health and Social Care Act 2008 set out that from April 2010 all health and adult social care providers of one or more regulated activities would need to be registered with the CQC. To register, providers need to show compliance with 'essential standards of quality and safety'¹⁶. Following registration, compliance is monitored and the CQC has a range of enforcement powers. Providers only need to apply for registration once.
- (c) All NHS Trusts, including community service arms of PCTs, were registered from April 2010. Adult social care and independent healthcare providers were registered from October 2010.
- (d) From 1 April 2011, primary dental care providers will need to be registered. Registration began in November 2010.
- (e) The full list of currently regulated activities is set out below. Not all of these activities will be provided by dental service providers. The ones in bold are "Those activities most likely to apply to dentists."¹⁷
- **treatment of disease, disorder or injury**
 - **surgical procedures**
 - **diagnostic and screening procedures**
 - personal care
 - accommodation with nursing or personal care
 - accommodation for persons who require treatment for substance misuse
 - accommodation and nursing or personal care in the further education sector
 - assessment or medical treatment for persons detained under the Mental Health Act 1983
 - management of supply of blood and blood-derived products
 - transport services, triage and medical advice provided remotely
 - maternity and midwifery services
 - termination of pregnancies
 - services in slimming clinics
 - nursing care

¹⁶ *Essential standards of quality and safety*, Care Quality Commission, March 2010, http://www.cqc.org.uk/db/documents/Essential_standards_of_quality_and_safety_March_2010_FINAL.pdf

¹⁷ *A new system of registration. Guide for providers of primary dental care services*, Care Quality Commission, August 2010, p.8, http://www.cqc.org.uk/db/documents/8788-CQC-Dentists-Revised_FINAL-300101.pdf

- family planning services

6. Some Key Organisations

- (a) *Local Dental Committees* – Established in 1948, LDCs became statutory bodies in 1977. “Primary care trusts/health boards consult with LDCs on matters of local dental interest and, following the NHS reforms in 2006, local commissioning and developments in the provision of NHS dental services.”¹⁸
- (b) *British Dental Association* – Founded in 1880, the BDA is the professional association and trade union for dentists in the United Kingdom. It has a voluntary membership of around 23,000¹⁹.
- (c) *General Dental Council* – “Anybody who wants to work in the UK as a dentist, dental nurse, dental technician, dental hygienist, dental therapist, clinical dental technician or orthodontic therapist must be registered”²⁰ with the GDC.
- (d) *Care Quality Commission* – From April 2010, all NHS Trusts must be registered with the CQC. “From April 2011, primary care services that directly provide dentistry (NHS and private) must be registered.”²¹

¹⁸ British Dental Association, Local Dental Committees, <http://www.bda.org/dentists/representation/gdps/lpcs/index.aspx>

¹⁹ For further information, see <http://www.bda.org/>.

²⁰ General Dental Council, Who we regulate, <http://www.gdc-uk.org/About+us/Who+we+regulate/>

²¹ Care Quality Commission, Who needs to register?, <http://www.cqc.org.uk/guidanceforprofessionals/registration/newregistrationsystem/whoneedstregister.cfm>