

Briefing Paper for HOSC on 7th January 2011
Dental Services
1. Introduction

This paper provides a summary of dental services in NHS Eastern and Coastal Kent.

2. Context

In April 2006 the Department of Health introduced changes to the provision of dental services. The objective of these reforms were to:

- make NHS dentistry more attractive to dentists,
- promote a more preventive approach to dental care,
- facilitate steady improvements in local access to NHS dentistry.

The PCTs Dental Commissioning Plan outlines how oral health services are being delivered most effectively for the population of NHS Eastern and Coastal Kent in order to:

- best meet local oral health needs,
- address national guidance where this is not already being achieved.

3. What is being commissioned?

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	2010/11
Contracts	98	98	105	100
GDS contracts	82%	88%	91%	92%
PDS contracts	18%	12%	9%	8%
Children only contracts	7	7	7	7
Unit Dental Activity (UDA) – Child	43.9%	40.6%	35.4%	20.8%
UDA’s – Adults	29.3%	26.9%	23%	31.3%(exempt adults)
% of population seen	301,002 (41%)	345,047; 47%	349,071; 47% of population (September 2009)	368,764; 51% of population (as at October 2010)

Note: -children only contracts are historical pre 2006.

-Information on patients seen is based upon the previous 24 months

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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 has seen 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 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.

Orthodontics is available via referral from a patient's dentist, there is an agreed referral process that spans Kent as a whole and dentists are kept up to date regarding Orthodontic Specialists access times.

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 Dentist 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;

3.1 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-10.30pm 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.

3.2 Community Dental Services

Eastern and Coastal Kent Community Health NHS Trust 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.

3.3 Mobile Dentists

The use of mobile dental units has been explored recently, and discussed at length within the PCT, with a view to use for hard to reach communities, however, there have been many issues over their use and their cost effectiveness.

However, it was decided that the funding required to operate this service would be better utilised by investing in high street dental services.

Other than being very expensive to equip and operate, the mobiles would be difficult to comply with DDA and infection control guidance, there would be no waiting area for patients prior to appointments, the mobile would need to be parked in an area of easy access with parking available, there is a high risk of vandalism and breakdown which would require continual remedial funding.

3.4 Gypsy and Travelling Community

Patients do not need to register with a dentist and are able to visit any NHS dentist that has availability, alternatively they are able to use a Dental Access Centre where services are provided by Community Dental Team. DAC's are located all around the East Kent area and are accessed either by calling the helpdesk or by presenting to the centre where an appointment will be allocated.

Dentists will 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. The dentist would have no system to confirm addresses.

Several years ago the Community Dental Service ran a specific service for travellers using a mobile to go to Romany sites. It was open access and the problem was cultural understanding. Turning up in a mobile on a site and expecting people to access a public service just didn't work and with so few numbers accessing care the service was too expensive and was stopped.

3.5 Orthodontic Services

The PCT contracts with 8 specialist orthodontic practices who provide 3800 new courses of orthodontic treatment every year. The referral pathway was redesigned in 2009/10 and this was effectively implemented across the whole of Kent and Medway. Patients are referred by their GDP to a specialist orthodontist of their choice in primary care, or to secondary care services dependant on the patient's IOTN score, which are strict guidelines indicating the level of treatment required.

The Orthodontic Specialists in primary care are contracted and paid on Units of Orthodontic Activity (UOA). A course of treatment is usually 21 UOA's and the contractor claims these against agreed contracted activity on an annual basis. Secondary care orthodontic treatment is included within the contract with acute providers and is on a cost per case basis (ie, first and follow up appointment costs).

Following active requests from the primary care contractors in 2009, the PCT investigated and agreed through appropriate governance channels to extend the PDS contracts for a further 5 years to 2016.

4. 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 is shown on table 2 below:

Table 2

	2007/8	2008/9	2009/10 (actual)	2010/11 (forecast)
	£'000	£'000	£'000	£'000
Gross Spend	30,169	29,732	29,522	36,283
Patient Charge Revenue	(6,425)	(7,338)	(7,472)	(8,511)
Net Spend	23,744	22,394	22,080	27,772

4.1 SHA Financial Allocations

Table 3 details PCT dental allocations from their SHA. The population numbers in the detail are from the National Statistics data for population sizes by PCT area for the mid-year 2008. The data has been sorted by “£ per head of population” to demonstrate a comparison of the funding received by NHS Eastern and Coastal Kent and the other PCT’s in the country. Highlighted in yellow are the other PCT’s within the South East Coast SHA. 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 09/10 there was an additional uplift so that PCTs could improve access in order to meet demand (in the case of Eastern and Coastal Kent this was an additional £1.35m).

2010/2011 Allocations

SHA code	PCT code	PCT	Net Allocation £000s	Population '000's	£ per population
Q37	5L3	Medway PCT	13,442	254	53.03
Q37	5LQ	Brighton and Hove City PCT	12,392	254	48.83
Q37	5P6	West Sussex PCT	32,717	789	41.49
Q37	5P7	East Sussex Downs and Weald PCT	12,766	333	38.35
Q37	5P8	Hastings and Rother PCT	6,768	178	37.98
Q37	5QA	Eastern and Coastal Kent PCT	25,944	728	35.64
Q37	5P9	West Kent PCT	23,112	674	34.31
Q37	5P5	Surrey PCT	37,102	1,089	34.08
South East Coast Region			164,243	4,297	38.22
England Total			2,192,000	51,465	42.59

5. Children’s Oral Health

NHS Eastern and Coastal Kent participates in the national dental epidemiology programme which is sponsored by the Department of health 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.

ECK Community Dental team actively engage with schools around the region where dental oral health has been identified as a risk and provide support and education resource to assist the teaching staff with oral health promotion within these schools.

The new contracts awarded in 2009 include quality indicators. One of these is to engage with local children focused communities (schools, brownies, scouts, mother toddler groups, playschools etc) to actively promote oral health and ensure there is a wide understanding in both parents and children regarding best practices for maintaining dentition.

6. 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 is committed to achieving its national target to provide access to NHS dental services to 57% (420,000 people) of the population of East Kent in the next 5 years, currently the PCT is achieving 51% (368,000 people) so there are plans to improve access and meet the target. The national average is 54%.

Emergency/OOH services are currently under review with the aim improve access and 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.

NHS Eastern and Coastal Kent will complete a procurement process in January 2011 that will ensure the provision from February 2011 of a Minor Oral Surgery service delivered in primary care by dentists with special interests, which will provide patients with a wider choice of provider and avoid hospital visits for intermediate tooth extractions that require expertise beyond that required by the GDS contract.

An oral health promotion campaign is already undertaken by Eastern and Coastal Kent Community Health NHS Trust and delivers the oral health message to as many people, especially children, as possible. Schools have sessions on oral hygiene and brushing techniques, care homes are visited where possible to help raise awareness of good oral hygiene later in life.

7. 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.

8. 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.

Since its launch and upto October 2010, the helpdesk has dealt with:

- 19,612 calls were taken from patients, 11,255 wishing to access an emergency appointment.
- 7,475 callers have been given details of practices with capacity to treat patients
- 813 callers have made general enquiries that include for example dental treatment costs
- 595 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.

Since April 2009 the PCT received ten complaints relating to access and eight complaint letters relating to concerns about the quality of the service they have received. 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 recording was kept of general dental enquiries. It was however recognised by the PALs service that the volume of calls they received was consistent with 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.

9. Steele review update

The PCT had expressed an interest to be part of the second wave of pilots that was originally planned by the Department of Health as part of the Steele Reviews.

The Department has subsequently changed the format of the pilots and will be announcing a programme for trialling a new dental contract from April 2011.

This will be aimed at individual contractors who will be able to apply in January 2011 to be a pilot practice. The PCT will continue to support those practices who are selected to be part of the pilots.

10. Conclusion

In summary, huge progress has been made this year to improving NHS dentistry and NHS Eastern and Coastal Kent will continue to ensure dental care is a priority to enable more of our population to easily access NHS dental care and treatment.

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NHS Eastern and Coastal Kent will endeavour to allocate the lower than national average funding it receives, where it will be best utilised, giving the greatest benefit 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 our population now and for the future.