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PRIVATE & CONFIDENTIAL
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Our Ref HOSC/7.1.11

6th December 2010

Dear Mr. Wickenden,

HOSC Meeting, Friday 7th January 2011 10.00 a.m.

Thank you for your letter of the 9th November 2010 addressed to Marion Dinwoodie our Chief Executive.

In preparation for your HOSC meeting in January 2011, please find enclosed a detailed response to all the queries listed in the Appendix attached to your letter. The overall strategic questions outlined in your covering letter are answered in the enclosed response, but I have provided a summary overview below which I hope is helpful.

1. **The key challenges in ensuring there is sufficient dental provision to meet the needs of the people in Kent**

   The most fundamental challenge facing NHS West Kent in commissioning primary care dentistry is the size of its financial allocation that it receives from the Department of Health. NHS West Kent would like to draw the HOSC's attention to the fact that the PCT receives the 12th lowest level of funding of the 152 PCTs in England (please see Appendix A which is attached as part of overall submission to your questions). NHS West Kent receives an allocation that equates to £34 per resident in comparison with a national average of £43.

   This is highly significant because it means that NHS West Kent receives considerably less in its financial allocation than most PCTs. If NHS West Kent were to receive funding in line with the national average then this would mean the PCT would have approximately £5 million more to spend on primary care dental services than is currently the case.

2. The measures which can be taken to improve dental service provision in Kent.

There are four key areas where further improvements could be made. These are:

(i) Raising public and patient awareness

The key issues here are:

1. To promote the importance of good oral health.
2. To promote the message that seeing a dentist regularly (at least once every two years in accordance with the NICE guideline) is essential in order to maintain health teeth and gums.
3. To address the myth of 'registration' that surrounds NHS dentistry by making the West Kent audience aware of how to access an NHS dentist and to promote the PCT's Customer Services Helpline to facilitate this.
4. To signpost people to where there are available services which have capacity to treat them.
5. To promote the public awareness of their rights as patients including information about treatment and costs.

(ii) Increasing available capacity

Access to dental services could be improved with additional investment. The PCT will review it's current investment in dental services through its Strategic Commissioning Plan. The PCT will consider plans to further improve general access to primary care dentistry as well as to domiciliary services. However these plans will need to be considered against other priorities and pressures.

(iii) Improving delivery

Further improvements in delivery can be found from the money the PCT already spends on securing dental services. In this respect there are a number of dental practices that are underperforming on their contracts. Furthermore, there remains a level of variation in practice between our providers. We have plans in place to address both these areas in order to improve productivity and the consistency of delivery.

In aggregate terms, our dental providers are delivering approximately 97% of their contracted activity volumes. Over the last 2 years this has improved from an aggregate position of 91%. However the current position of 97% aggregate delivery means there is approximately £600K per year of contract value that is not being used to treat patients (this amount would enable 5,000 more people to regularly receive NHS dental care). Dentists are required to repay this underspend to the PCT but our preference would be for dental practices to use the money we are paying them to treat more patients.

There are a number of areas around productivity but one example concerns the rate and frequency with which patients are recalled for check-ups. This is an important area because if all our practices consistently followed NICE guidelines then it would enable a larger number of patients to be seen and managed as NHS patients. Patients that are orally fit do not need to be seen for a check-up every three or six months. If orally-fit patients were seen for check-ups once every 12 months then this would create more capacity for dentists to see and treat other patients.

(iv) Addressing inequalities

We will also be aiming to reduce any potential inequalities which may exist, and in this respect will target specific areas such as:

1. Specific geographical areas and communities where access to NHS dentistry is more difficult.
2. Those communities where there are high numbers of people considered to have poorer oral health.
3. Increasing and improving domiciliary care services which would benefit those that are less mobile including the frail elderly.

I look forward to seeing you on the 7th January. I hope to be accompanied by my colleagues, Allan Pau, Specialist Registrar in Public Dental Health and Maureen Hall, Dental Contract Manager.

If you have any queries in the meantime, please do let me know.

Kind regards
Yours sincerely,

Stephen Ingram

Stephen Ingram
Director of Primary Care