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### **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 was 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
Contracts	98	98	105
GDS contracts	82%	88%	91%
PDS contracts	18%	12%	9%
Children only contracts	7	7	7
Unit Dental Activity (UDA	43.9%	40.6%	35.4%
Children			
UDA's – Adults	29.3%	26.9%	23%
% of population seen	301,002	345,047; 47%	349,071; 47%
	(41%)		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 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 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 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.

# 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:

	2007/8	2008/9	2009/10 (forecast)
	£'000	£'000	£'000
Gross Spend	30,169	29,732	30,859
Patient Charge			
Revenue	(6,425)	(7,338)	(7,099)
Net Spend	23,744	22,394	23,760

Table 2

# 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 and England average of 1.1.

### 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 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, 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%.

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.

#### 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.

Within the first month of the helpdesk opening:

- 700 calls were taken from patients wishing to access an emergency appointment, of which 423 resulted in booking an appointment.
- 388 callers have been given details of practices with capacity to treat patients
- 130 callers have made general enquiries that include for example dental costs
- 184 text messages have been received requesting details of where their nearest NHS dentist is located.
- 1,460 names have been added to the new practice waiting lists for Dover, Cliftonville, Broadstairs, Hawkinge, Deal, Eastchurch and Chestfield.

A promotional campaign is underway to raise awareness of the new dental helpline and to raise 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 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. 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.