

Response to written questions regarding dentistry for NHS Overview and Scrutiny Committee meeting on 14 December 2007

Whether they have a clear and reliable picture of the extent of unmet need for NHS dentistry and where that need is to be found; and what data sources they are using for this purpose.

The current picture of unmet need has been identified using information from PALS regarding the number and type of enquiry from the public, as well as mapping the dental practices and provision across the PCT, our first priority is to ensure all geographical areas have access to NHS provision in particular those towns & Cities where people may wish to access a dentist near to their place of work/school. As a result of this first assessment, the PCT has increased provision in Swale, Canterbury, Ashford, Margate and Folkestone areas, we plan to undertake a full needs assessment utilizing the skills of Dental Public Health practitioners in order to plot trends, identify populations with unmet need and match this to provision.

What steps the PCTs are taking to ensure services are provided that address unmet need.

A scoping exercise has been undertaken and as a result extra investment has been made, e.g. £500,000 for orthodontics and £400,000 for general dentistry in this financial year.

Whether the current General Dental Services contract is sufficiently attractive to dentists to allow commissioning of adequate levels of provision in all areas – or whether dentists still feel they are having to work "on a treadmill" because of the target-driven nature of the contract (based on Units of Dental Activity).

It is difficult to tell currently as patient choice in dentistry is not just about where you live but also where you go to work/school, we have dentists wishing to do more activity in those areas the PCT consider as areas of need, dentists are not experiencing difficulties in recruiting. The target driven contract is a very different way of working for dentists and is in line with all other contractors.

Whether salaried GDS, or Personal Dental Services, provision has been considered as a possible means of commissioning NHS dental services for underserved communities.

All types of contracts are considered by the PCT when commissioning all services, the PCT currently holds contracts for PDS and many contractors employed salaried dentists

To what extent they have experienced shortfalls in expected patient-charge revenue and whether this is affecting their ability to provide adequate dental services.

PCR shortfall was anticipated and the PCT has made allowances this will be an on going process as PCR estimate will be dependant upon the type of patients attending dentists, there may well be a variation year on year. This is not preventing the PCT from providing adequate dental services as allowances were made, and this will be an on going process.

Whether, if they have experienced shortfalls in patient-charge revenue, the investment of additional funds (£30m nationally) by the Department of Health, as a one-off measure to offset shortfalls in 2007-08, is going to resolve the problem.

The PCT will continue to plan for any shortfall in PCR as above.

Whether they have sought, as some PCTs reportedly have, to link capital funding for dentists with a commitment to see more patients who are eligible to pay NHS charges, in order to reduce the risk of a shortfall in patient-charge revenue.

The contract does not allow contractors to discriminate against groups of patients i.e. patients who are eligible for free treatment under the NHS, this PCT does not link any of the dental funding to commitment to see any particular group of patients.

Whether they have clawed back contractual payments to dentists failing to achieve the 96% threshold of contracted Units of Dental Activity and, if so, how many dentists this has affected.

Yes, this process is currently underway, many dentists have been aware of the need to re pay the PCT since the mid year reviews carried out at the end of 06. This process is still on going. The PCT has met with those under performers to decide on a way forward, some will pay back, others agreed to increase their capacity to see more patients during 07/08.

Whether they can guarantee that dental budgets will not be raided after ring-fencing of those budgets ends in 2009.

No guarantee can be given however the dental services should be commissioned as far as possible to match the needs of the population.

What steps they are taking to ensure that dentists: provide more complex treatment where clinically appropriate; spend more time with patients, allowing a more preventive approach to oral health; provide proper continuity of care for patients.

This will be a part of the contract monitoring process which will include a full breakdown of the types of treatments carried out, the more complex treatments may be commissioned closer to home preventing onward referral where possible.

Whether they are putting into Dental Public Health the resources necessary to allow the identification of unmet need for dentistry and inequalities in oral health, so that dental services can be properly planned to address those issues.

We currently have a service agreement with dental public health, there is a resource for dental needs assessment to assist in the commissioning of the service.

Jayne Macdonald
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Commissioning Directorate

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1. Whether they have a clear and reliable picture of the extent of unmet need for NHS dentistry and where that need is to be found; and what data sources they are using for this purpose.

On the basis of new NHS dental contract, West Kent PCT commissioned dental services in line with the National contract securing over 80% of all practising NHS dentists in April 2006. This enabled the PCT to secure a high proportion of the historic activity in the PCT area. The majority of these dentists continue to provide services to the community.

The PCT is currently undertaking a needs assessment of its area to fully document the unmet need and to help speed up the tendering process when funding becomes available. Information from the department of Dental Public Health is being used.

2. What steps the PCTs are taking to ensure services are provided that address unmet need.

The PCT is developing a commissioning plan supporting this work will be a health needs assessment of the PCT which will identify the key areas in which to develop services.

Currently new contracts are being commissioned as part of the PCTs tendering arrangements for Staplehurst, Tonbridge, Tunbridge Wells, Larkfield and Sevenoaks.

3. Whether the current General Dental Services contract is sufficiently attractive to dentists to allow commissioning of adequate levels of provision in all areas – or whether dentists still feel they are having to work "on a treadmill" because of the target-driven nature of the contract (based on Units of Dental Activity).

A dentist or dental practice must have a contract with the PCT in order to provide NHS dental services. Dentists are provided with a guaranteed income for three years for delivering a set amount of activity. The contract sum is based on gross fees and additional payments from 1 October 2004 – 30 September 2005. The activity was based on treatments carried out in the same timeframe and translated into a number of units of dental activity with a 5% reduction.

The PCT is unable to change the nature of the contract but can offer incentives by increasing the £/UDA offered to new providers. The PCT recognises that lower UDA/UDO values do not necessarily provide good value for money.

4. Whether salaried GDS, or Personal Dental Services, provision has been considered as a possible means of commissioning NHS dental services for underserved communities.

Dental access centres are provided by Medway primary care salaried services to offer pain relief for patients who did not have a dental practice and did not want to register with a practice. A review of this contract will shortly be underway to compare the service offered against that of an independent dentist.

Part of the dental strategy will include an assessment of the various contracts available for commissioning services.

5. To what extent they have experienced shortfalls in expected patient-charge revenue and whether this is affecting their ability to provide adequate dental services.

The amount of funds collected from patient charges has not been as the Department of Health predicted and was £1.7m below forecast. The PCT was cautious in committing all funds due to the unpredictability of patient charges.

6. Whether, if they have experienced shortfalls in patient-charge revenue, the investment of additional funds (£30m nationally) by the Department of Health, as a one-off measure to offset shortfalls in 2007-8, is going to resolve the problem.

Any additional monies that the PCT receive nationally would go some way to offsetting the shortfall.

7. Whether they have sought, as some PCTs reportedly have, to link capital funding for dentists with a commitment to see more patients who are eligible to pay NHS charges, in order to reduce the risk of a shortfall in patient-charge revenue.

There are no plans to link capital funding with an increased number of fee-paying adults being seen – this would be seen as discriminatory and not in the spirit of the contract.

The PCT plans to recover a proportion of patient charge income shortfalls in 2006/7 by the additional activity contractors are performing this year.

8. Whether they have clawed back contractual payments to dentists failing to achieve the 96% threshold of contracted Units of Dental Activity and, if so, how many dentists this has affected.

In 2006/7 46% of our contractors delivered on their contract. In cases where a number of our contractors have failed to deliver at least 96% of the agreed activity levels the PCT did earlier in the year review this with each contractor to highlight its concerns. Where there is under-provision of UDAs/UOAs the national contract stipulate that there is no breach of contract if the under-provision amounts to 4% or less of the total number of UDAs/UOAs required during the financial year and the contractor agrees to provide, and does provide, the shortfall within the time specified by the PCT. This time period cannot be less than 60 days.

Part of the review also identified that there were a number of contractors who had failed to deliver at least 96% of the agreed contract activity. Detailed discussions have taken place with contractors and agreement reached with all 15 contractors

who's underperformance was not less than 90% to undertake the shortfall during 2007/8 (£203,000). In all other cases of performance below 90% the PCT sought recovery of the shortfall by reducing the contractor's payments against the 2007/8 contract period which amounted to £0.6m.

9. Whether they can guarantee that dental budgets will not be raided after ring-fencing of those budgets ends in 2009.

The PCT have no plans to change the dental budget allocations in 2009. Part of the work that will underpin the strategy will be about how we commission services longer term.

10. What steps they are taking to ensure that dentists: provide more complex treatment where clinically appropriate; spend more time with patients, allowing a more preventive approach to oral health; provide proper continuity of care for patients.

Each month the PCT receives reports from the Dental Services Division which shows what activity each contract has carried out. This is compared to the local and national averages and any significant differences highlighted. This information is used at mid-year review meetings with practices along with any feedback received from patients.

11. Whether they are putting into Dental Public Health the resources necessary to allow the identification of unmet need for dentistry and inequalities in oral health, so that dental services can be properly planned to address those issues.

The local Dental Public Health department has a consultant and registrar and is funded by all three PCTs in Kent and we would work with this team in terms of our health needs assessment.