



DERBY CITY COUNCIL

ADULT SERVICES AND HEALTH COMMISSION 17 March 2008

Report of the Director of Corporate and Adult Social Services

Review of Patient Access to Dental Health Services in Derby

RECOMMENDATION

- 1.1 To consider and agree the Commission's report on Patient Access to Dental Health Services in Derby

SUPPORTING INFORMATION

- 2.1 The Commission received a request from Derby City Patient and Public Involvement Forum (PPI) in October 2007 asking the Commission to review patient access to dental health services. According to the PPI Forum patients in the city were experiencing difficulties in accessing NHS dentists. They supported this claim with a report from the Patient Advice and Liaison Service (PALS) which stated approximately 60% of patient enquiries relate to access of NHS dentists.
- 2.2 Members agreed at their October meeting to conduct a short review of patient access to dental health services. The attached report is based on the evidence received from the PPI forum, Derby City PCT and the Local Dental Committee.

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Background papers: None
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Appendix 2 - Review Of Patient Access To Dental Health Services In Derby

Appendix 1

IMPLICATIONS

Financial

1. None arising from this report.

Legal

2. The Health and Social Care Act 2001 gives health scrutiny committees powers to review any matter relating to the planning, provision and operation of health services.

Personnel

3. None arising from this report.

Equalities impact

4. Effective scrutiny benefits all Derby people. This report helps towards reducing health inequalities.

Corporate Priorities

5. This report links with Council's priority for 2007-10 to help us all to be healthy and active.

Review of Patient Access to Dental Health Services in Derby

Introduction

1. Patient access to dental health services is a major concern across the country and is not an exception in Derby. The Commission had previously looked at dental health services in 2005 which involved receiving a presentation from Ken Wragg, a Consultant in Dental Public Health for Derbyshire. The review on that occasion also looked at how NHS dental health services were being provided in the city.
2. In October 2007 Adult Services and Health Commission received a request from Derby City Patient and Public Involvement Forum (PPI) asking the Commission to review patient access to dental health services. According to the PPI Forum approximately 60% of the Patient Advice and Liaison Service (PALS) enquiries relate to NHS dentistry.
3. Patient and Public Involvement Forums were created by the Government in December 2003 to represent and provide a voice for local people about the quality of health services. They were given a range of powers including the option of referring issues of concern to their local overview and scrutiny committees. Although the PPI Forums will cease on the 31 March 2008 and be replaced by Local Involvement Networks (LINKS), the Commission is obliged to respond to the request.

Background

4. Under the old system, dentists operated as small businesses with funding for dental health provided directly by the Department of Health. Dentists decided how much NHS dentistry was to be provided and where from. Although PCTs had commissioning responsibilities they had no control on dental health budgets and were unable to provide cover for dentists that moved away from their area which meant there were gaps in services across the country. Dentists were paid on fee per item basis. Patients were charged separately for each treatment which could cause confusion between private and NHS charges.
5. In April 2006 a new system was introduced that aimed to provide better access to dental services for patient and provide a stability of agreed income for the dentists. It gave the responsibility for commissioning NHS Dental services to PCTs who were supported by having controllable budgets. This enabled PCTs to negotiate contracts with existing practices based on national criteria. The new system also simplified the charging structure for the patients by setting three bands of charges linked to courses of treatment. Patients would only pay one charge for each course of treatment regardless of how many times they visited the dentist during that course of treatment.

6. However more than eighteen months on, access to dental health services is still a major issue for many patients. So much so that approximately 60% of the queries dealt by PALS relate to patients seeking information on dental health services. At the start of the review there were three practices accepting NHS patients however currently there are only two listed on the Derby City PCT website. These are based in Chaddesden and Normanton. According to the PCT this number fluctuates on a weekly basis.
7. Overview and scrutiny Committees have a duty to consider a referral from the PPI Forum and give their response. The Commission considered the request at the 29 October meeting agreed to conduct a short review of patient access to dental health services.
8. The Commission has held two evidence gathering meetings, one just before Christmas and one after and received evidence from the Derby City PCT PPI Forum, Derby City PCT and the Local Dental Committee. This report is based around the evidence received at these two review meetings.

Summary of Evidence from Derby City Patient and Public Involvement Forum

9. Steve Studham representing Derby City PPI Forum highlighted considerable negative publicity concerning access to dental health services in the national press. He cited an incident reported in the media, in which a patient apparently pulled his teeth out with a pair of pliers. Steve stated that this is not an accurate picture of Derby but these types of headlines can worry some people.
10. According to the PPI Forum not everyone visits the dentist. Only half the population visit every two years whilst 10% do not access dentists at all. Approximately 25% of the patients pay for private dental treatment. There are currently three dentists in the city that are accepting NHS fee paying patients but many people still do not know how to access them. Getting to and from dental practices can be an issue for some patients especially those without transport.
11. Not everyone is aware of their entitlements to NHS dental services. This situation is sometimes made worse for some patients as dentists also provide private treatments and make an additional charge.
12. Mr Studham stated that Derby City PPI Forum was involved in a national review of dentistry which sought views from both patients and dentists. The survey published by the Commission for Patient and Public Involvement in Health in October 2007 had asked 5212 patients for their views on crucial issues regarding dental services.
13. The survey found:

- Accessing NHS dental services continue to prove to be a problem
- Almost a fifth of patients have gone without treatment because of the cost
- Almost half of all NHS patients do not understand NHS dental charges
- 78% of patients using private dental services are doing so because either their dentist stopped treating NHS patients, or because they could not find an NHS dentist
- 35% of those not currently using dental services stated it is because there is not an NHS dentist near where they live
- 93% of NHS patients are happy with the treatment they receive
- Over 80% of dentists believe the new contracts have failed to make it easier for patients to get an NHS dental appointment
- 58% of dentists believe the new dental contracts have made the quality of care NHS patients receive worse
- 68% of dentists have either reduced or kept the same number of NHS patients they treated over the past year
- 73% of dentists are aware of patients declining treatment because of the cost
- 47% of dentists do not offer all treatments to NHS patients.

Source: Dentistry Watch – A national survey of the NHS dentistry system with views from both patients and dentists
Published by Commission for Patient and Public Involvement Health October 2007

Summary of Evidence from Derby City PCT

14. Evidence from the Derby City PCT was provided by Rachel Gibson, Primary Care Manager and Kathryn Blackshaw Director of Commissioning and Service Development. Rachel stated that historically NHS dentistry was funded centrally by the Department of Health on non cash limited basis. In April 2006 the process changed and PCTs were made responsible for commissioning dental health services together with devolved budgets for managing the contracts.
15. There are 33 dental contractors operating from 31 practices in the city. There are also 100 dental performers on the Derby City PCT list. The PCT also delivers services through community dental services, emergency services and NHS Direct. A relatively small number of patients have accessed dental services through the A&E and for some this has been appropriate. The PCT has set an annual target of 390972 units of dental activity.
16. Statistics collated by PALS for 2006-07 show there were 4419 calls relating to dental services of which two thirds were concerned with access to services and one third covered a variety of areas including charges and dentures.

17. Access to dental services and patient flows do not follow the same pattern as patients accessing general practices. Some patients visit the dentist regularly whilst others attend less often and some only make contact when they are in pain or require treatment. The distance travelled by patients varies as not all attend the dentist that is closest to their home. Derby City dental service providers cater for residents as well as people working in the city. The proportion of people visiting a dentist varies from area to area. The Department of Health forms its commissioning framework on the basis that 50% of the population will attend the dentist over a two year period.
18. Information on how to access dental services is provided to the public by the PCT through the PALS department whose number is frequently advertised in the local press. Information is also available on the PCT's website and through the National NHS Choices website. NHS Direct also provides information to the public on accessing out of hours dental services.
19. Derby PCT has a low number of dentists in comparison with the East Midlands region whilst access to and performance of services is higher than quoted by the Department of Health. Data collected by the East Midlands Strategic Health Authority shows that there is high number of decay in 5 year olds.
20. It is estimated that dentists will see 2000-2500 patients in a year and that each dentist delivers approximately 7000 units of dental activity per year. Oral health needs span the whole spectrum from education and prevention to specialist treatment. Oral health has improved dramatically over the last 30 years and therefore the Department of Health needed to make changes in the system to reflect current needs. Oral health in the city follows a similar pattern to other health issues and is found to be relatively poorer in areas of high deprivation and amongst BME communities. Children from BME communities tend to bottle feed for longer periods which can impact on oral health.
21. The PCT is involved in a number of pieces of work to improve oral health. It is working with the Cross County Oral Health Promotion Team, Surestart areas, supporting brushing for life programmes and provides brushes and paste to three inner city schools in the city. It is involved in the national dental survey of five year olds and the national adult survey.
22. The old system was based on fee per item which provided incentives for dentists to treat more patients. In order to focus more on prevention, a new system was introduced in April 2006 which was designed to support prevention by allowing dentists to have 5% reduction in activity for same contract value. This system also removed any potential to over-treat by replacing the fee per item system with a system in which a single charges was made for a course of treatment.

23. Data on dental activity is submitted by the dentists to the Business Service Authority who in turn provides the PCT with monthly information on activity and patient charges. BSA also gets data on bands of activity and the PCT can request more detailed information from the BSA if for example it wishes to compare with the reference period. It is acknowledged that the changing to the new system have resulted in some data no longer being collected.
24. PCTs dental health budgets are based the level of dental activity on reference period preceding April 2006 and not necessarily based on needs. Since the level of dental activity in Derby City was lower than neighbouring areas such as Nottingham during the reference period, Derby PCT received a lower allocation.
25. Contracts with dental practices are based on their activity during the reference period of two years preceding October 2005. Contractors moving to private provision or terminating their contract for any other reason, have their values returned to the PCT to re-commission. Patient charge revenue is also returned to the PCT for reinvestment.
26. The amount of NHS work carried out by current dental contractors range from a low level, 10%, to almost all NHS activity. Private work provides additional income for NHS dentists and a majority of them carryout some private dentistry. The PCT has no influence on how much private work is carried out by dentists or the rate they charge for this.
27. Dentists are paid in 12 monthly instalments against a contract based on specified units of activity and they should not be losing finance as a result of providing complex treatments since their contract value reflects their previous delivery and scope of work. The only additional minimal cost for the dentists has been to change to single use instruments for root canal work.
28. No differential access for all population groups is a key area for future work to reduce inequality. More prevention will release resource from treatment and have a positive outcome.
29. All dental practices should display details of charges. Patients should query charge levels with their dentist if they are charged any charge other than that quoted on the 3 band NHS charge poster/leaflet as it is likely that they will be paying for private treatment if it is not one of these 3 charges.

Summary of Evidence from the Local Dental Committee

30. Local Dental Committees (LDC's) are statutory bodies with representatives elected from and by local dentists. Derby LDC has a membership of 26 practices and 80 dentists. It is part of the British Dental Association.

31. Evidence to the Commission was provided by Mr David Eley and Mr Andrew Dale, chairman and secretary of the LDC respectively. Mr Dale gave a presentation to the Commission and stated that historically dentists were working as a treadmill based service where they received payments for different activities. The new contract provides them with an income based on units of dental activity agreed in advance with the PCT. In his experience some practices have experienced a 7% cut in fees and are faced with having to return the finance associated with any underperformance. This has discouraged some dentist to provide NHS work and have opted to go private, many of whom were initially treating people through the NHS.
32. The new system operates a loose registration process. Although patients are encouraged to register with a practice, they are not required to do so under the new dental arrangements and are free to change practices between courses of treatment if they wish to do so. However practices are reluctant to take on new patients in case the amount of treatment required may not credit practices with a reflective amount of activity and does not support them in meeting their uda targets.
33. There is a fixed PCT budget for the provision of general dental services which is based on targets. Practices are performance managed against their contracted activity levels and the PCT expects practices to meet their activity levels. Should practices not reach their contracted activity levels, the PCT would look to have the finance associated with the underperformed activity returned to them in order that this can be re-commissioned into dental services. There are two different types of dental contracts, one is the GDS-General Dental Services contract, these are contracted on an ongoing basis until either party terminates the contract. The other contract type is the PDS -Personal Dental Services contract, this was a pilot contract introduced before the dental contracts changed and was therefore contracted on a time limited basis. In 2009 many personal dental contracts are coming to an end and will have to be renegotiated with the PCT which creates an air of uncertainty for those PDS contractors. Some practitioners have considered selling their practices but are not finding this easy as there is no goodwill attached to their business since the contract is with individuals and not attached to the practice. If dentists were to leave the NHS provision they may not be able to re-enter as the value associated with their contract would be returned to the PCT and put out for tender. Many of dentists feel that the new system is operated in the favour of the PCT.
34. The new system operates Units of Dental Activity as its currency and operates a target driven process. Dentists have been set challenging targets based on their previous activity levels but are finding the new system which has banded charges challenging. They are paid against a contract based on specified units of activity. The rates for the unit of

dental activity can vary between contractors as it is based on historical activity and agreed individually with each practitioner. Approximately two thirds of the dentists underperformed against their targets during the financial year 2006-7. This is putting pressure on dentists and they have to work harder to achieve the same level of income. They feel the new system provides no time for the dentists to give effective advice on prevention. It was stated that there have been instances of some dentists working part time in two separate practices to achieve historic level of income.

35. The pressure on practices providing private treatment on the fee per item is not the same and they are able to spend more time with patients.
36. There is a possibility that from 2009 dental health budget will no longer be ring fenced and will be included in the mainstream budget of the PCT. This will enable the PCT to determine its priority for dental care in the city.

Conclusions

37. Dental health services have gone through major changes over the last few years and these will continue to affect access to services. Although the intention was to improve access to services and simplify charging for patients this has been achieved. There is no evidence that access to dental health services has improved as a result of the new system. The new process has certainly made dentists more accountable to the PCT and has effectively made them work harder than before to claim the same level of NHS resources. This change has prompted some to move into private sector and thus making it even harder for new patients to find NHS dentists. There are currently only two dentists in the city accepting NHS fee paying patients. One of these is operating criteria for registration which is not necessarily making it easy for patients to register. The Derwent Valley Dentist in Chaddesden for example, is asking patients to register in person on Monday or Wednesday between 9-11.30 am. This can create difficulties for people in fulltime employment as they will need to take time off work just to register.
38. The scope for PCTs to make major changes at the local level has not been straightforward since contracts have to be agreed within national criteria and are based against their level of activity and income over the reference period.
39. Dentists are also unhappy about the new contracts complaining that it favours the PCT and they are only allowed to charge patients within the three bands of charges set nationally even though they may have to carryout substantial more work.

Recommendations

40. The Commission has considered the evidence and makes the recommendations given below.
41. Dentists are paid against a contract based on specified units of activity. The rates for the unit of activity can vary between contractors as it is based on historical activity and negotiated individually. The PCT should seek to unify the rate for each unit of activity and recompense complex treatment separately.
42. The level of funding provided to PCT for dental provision is based on historical activity in the preceding two years. There were greater levels of dental provision in Nottingham for example and therefore they received a greater proportion than Derby. Derby PCT supported by Derby City Council should consider lobbying government for more equitable resource allocation based on need rather than historical activity which will help to reduce health inequalities.
43. Evidence from the PPI forum and personal experiences from some elected members suggests that there is still confusion surrounding charges for treatment. Patients are still unclear between treatments charged at private rates and those at NHS. All dental practices offering NHS treatment should clearly display details of charges which differentiate between NHS and private treatment and the PCT should regularly monitor dental practices to ensure they are compliant with their requirements.
44. Not everyone visits the dentist and just over half of the city's population attend the dentist every two years whilst 10% do not access dentists at all. Residents from deprived communities tend to have a lower access rates than those from more affluent areas. Greater promotion needs to be carried out in areas of high deprivation to assist more people to take care of their teeth. Prevention is not only better for the patient but in this instance ultimately reduce pressure on the PCT budget.
45. 60% of the referrals to PALS relates to dentistry. Of this 40% of the patients want information on charges and 33% wish to know which dentists are providing NHS treatment. The PCT should review their policies on how to provide information on practices offering NHS treatment. It could for example assist those practices offering NHS treatment to better promote themselves. There should be a PCT leaflet setting out the potential patient's rights given to them when they register with a dentist. The contents of the leaflet should also be displayed prominently on notice-board so that patients can easily notice and read it.
46. Evidence from the Local Dental Committee stated that dentists have been set very challenging UDA targets under the new contract with a threat of claw back should they not meet them. They consider

themselves to be under constant pressure to maximise their activity fearing having to return a portion of their income to the PCT for not achieving their targets. Although the 5% reduction of their historical activity is to enable them to offer advice on preventative measures, the target driven process does not seem to encourage dentists to devote sufficient time for prevention work with patients. PCT should seek to provide a separate part of the contract for dentists to carryout preventative work with patients. The PCT could also allocate a portion of its dental budget to specific oral health prevention work.

47. The Commission was informed that three inner city schools are provided with brushes and pastes to encourage children into the habit of regular brushing. Prevention is better than cure and therefore the PCT could consider extending this facility to other schools in deprived areas as these tend to have lower access rates.
48. The Local Dental Committee stated that contracts of a significant number of their members are due for renegotiation by 2009 and that this is creating anxiety for some which could discourage them to go private. The PCT should seek to encourage dentists to comeback into the family of NHS as further exit will reduce patient access to NHS treatment. The PCT may for example consider directly employing more dentists. However, the Commission does not wish to be prescriptive and it is for the Trust to consider how best to encourage dentists back in to the system and retain existing personnel.

Bands of charges

The current patient charges were set April 2007 and are given below:

Band 1 course of treatment – £15.90

This covers an examination, diagnosis (e.g. x-rays), advice on how to prevent future problems, and a scale and polish if needed.

Urgent treatment, when you need to see a dentist immediately, also costs £15.90.

Band 2 course of treatment – £43.60

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.

Band 3 course of treatment – £194.00

This covers everything listed in Bands 1 and 2 above, plus crowns, dentures or bridges.