

Access to Dental Services in the South West

**A joint report by Cornwall, Devon,
Plymouth and Torbay Councils**

July 2004

Introduction

Access to dental services is a national problem. However the rural nature and low incomes of the South West make the problem even more acute.

The South West Peninsula has been categorised nationally as one of the 17 hot spots in the country for shortages of NHS dental care. In practice, this means that a significant proportion of people living in the region have no access at all to NHS services and are faced with the choice of paying for private care or leaving their dental health to fate.

Only 6 out of 10 children in the South West are registered with a dentist. It is considered vitally important that steps are taken to ensure good dental care is available to all children.

The four local authorities involved in this work all recognised that the situation being faced by their local residents was untenable and have worked together, and with local health and dental service providers, to understand why finding an NHS dentist is so difficult and what needs to be done to sort the problem out.

Much of what was found was common across all four areas and this report sets out those common findings and recommendations. In addition, some specific issues were identified within areas, and these will be the subject of separate reports being coordinated within each Council.

Whilst there are actions which can be taken at a local level to help the situation to some degree, the real power to make changes which will have a significant impact lies with the Department of Health. Many of our recommendations are aimed at national action and we will be pressing ministers to respond to the issues we have raised.

(Chairs signatures)

Dental services in the South West - the extent of the problem

The context

- ☑ The number of people registered for NHS dental care in the South West has been decreasing since 1992 and currently less than half of the resident population are registered. In some areas, only 28% are recorded as registered.
- ☑ 4 in 10 children in the South West are not registered for NHS dental care.
- ☑ Whilst the number of dentists holding NHS contracts in the South West has increased, the proportion of NHS work undertaken by dentists has fallen.
- ☑ Within the South West region, no practices are currently accepting all categories of new NHS patients.
- ☑ People in many towns in the region have been unable to register with, or access, a local NHS dentist for periods well in excess of one year.
- ☑ The last decade has seen a decline in the number of people routinely visiting an NHS dentist.
- ☑ Based on the findings of a regional residents' survey, about a third of people living in the South West pay for private dental services, however 60% report that this was not through choice but as a result of their dentists ceasing to provide NHS cover – in Devon this figure was over 70%.
- ☑ Those surveyed, showed strong levels of dissatisfaction with the availability of dental services in the South West – in Torbay for example, 43% of residents responding to the survey described themselves as very dissatisfied with availability of NHS dentists.

Key findings and recommendations

1. Training facilities

Key Findings	<ul style="list-style-type: none">☑ There are 10 dental schools in England – the only South West facility being in Bristol.☑ Overall, about 650 students train in dentistry each year in the UK – of these 50 train at Bristol.☑ Training facilities for other dental staff are limited - Bristol’s dental school trains approximately 8 hygienists and 12 dental nurses per year. A new “local” training facility for dental hygienists will shortly be opening – in Portsmouth!☑ Anecdotal evidence shows that a large proportion of newly qualified dentists take up their first employment in the area where they qualify or close to where their close family lives. With Bristol having the nearest dental school to the South West, this is not conducive to attracting dentists to work in this region.☑ Continued professional development takes place in Bristol providing an additional disincentive to working in other parts of the South West.
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Recommendations

1.1 Urgent attention should be given to enhancing training facilities, including for post graduate training, for dental staff in the South West – the Peninsula Medical School provides a practical and realistic opportunity for doing so.

For the attention of: Secretary of State for Health, local MPs, Department of Health, General Dental Council, South West Peninsula Strategic Health Authority

1.2 Training facilities for dental technicians, dental hygienists and other dental staff are needed in the South West.

For the attention of: Secretary of State for Health, local MPs, Department of Health, General Dental Council, South West Peninsula Strategic Health Authority

2. Recruiting and retaining dentists in the South West

Key Findings	<ul style="list-style-type: none"> ☑ Nearly one in three dentists in the South West are over 50 and will be retiring during the next ten years. ☑ Dentists wishing to sell their practices are finding it increasingly difficult to find purchasers resulting in the closure of established facilities. ☑ The absence of dental training facilities in Devon or Cornwall means that only a small number of newly qualified dentists choose to locate themselves here. ☑ The majority of new dentists in the region have moved here from other countries such as Sweden, South Africa and Denmark where supply of dentists outstrips demand. ☑ Based on figures provided, it costs approximately £170,000 and six to seven years to train a dentist. ☑ The validation process for dentists trained in other countries has been untimely and bureaucratic, however arrangements have recently been reviewed to make the process easier and quicker.
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Recommendations

2.1 Whilst in the long term, the region needs to look at training its own dentists, we need to look to attracting dentists to the South West from other regions or countries as a solution to the immediate shortages.

For the attention of: Department of Health, General Dental Council, South West Peninsula Strategic Health Authority, local Primary Care Trusts and Public Health Development Units

2.2 The South West Peninsula Health Authority, PCTs and local authorities should work together to develop promotional events, literature and other means aimed at recruiting, attracting and employing dentists (and other key workers where there are shortages) to the South West immediately.

For the attention of: South West Peninsula Strategic Health Authority, local Primary Care Trusts and Public Health Development Units, local authority City Councils and

their Executives/Cabinets

2.3 The review of the validation process for dentists who have trained in other countries is welcomed if it leads to an elimination of unnecessary “red tape” and more processes streamlined whilst ensuring that standards meet the UK’s requirements. However, it is important that the revised arrangements are now well promoted to those dentists who may wish to relocate to the UK.

For the attention of: Department of Health, General Dental Council, South West Peninsula Strategic Health Authority and local Primary Care Trusts

2.4 Newly qualified dentists should be obligated to provide some ‘return of service’, something similar to the obligations placed on NHS private consultants is suggested, to the NHS on completion of their studies and vocational training. Consideration should also be given to this work being undertaken as salaried dentists, with incentives linking this service with assistance in the repayment of student grants and loans.

For the attention of: Department of Health, General Dental Council, local MPs

2.5 Local authorities should work with PCTs to investigate opportunities to develop dental practices through, for example, Planning agreements with developers and as part of the Extended Schools agenda.

For the attention of: local authority City Councils and their Executives/Cabinets, South West Peninsula Strategic Health Authority and local Primary Care Trusts

3. Choice and competition

Key Findings	<input checked="" type="checkbox"/> The majority of dentists providing private dental services claim to do so in order to provide a better standard of care, better patient choice and greater clinical freedom.
	<input checked="" type="checkbox"/> However, only 12% of South West residents surveyed claim to use a private dentist because they consider they get better treatment – most went private because their NHS dentist stopped providing NHS cover or because all NHS dentist surgeries in their area were full.
	<input checked="" type="checkbox"/> However, many patients do want to have choices – for example over materials used for fillings or the availability of cosmetic services. Current regulations dictate that patients cannot mix NHS and private treatment on the same tooth but can within a treatment plan. Patients are unaware of the choices they have in this area.
	<input checked="" type="checkbox"/> Most residents in the South West are not able to make a choice between registering with a NHS or private dentist. In some areas, the situation is simply a monopoly with patients forced to pay for private treatment or forego dental care.
	<input checked="" type="checkbox"/> Across the Peninsula there have been reports of dentists only accepting children for NHS treatment if their parents agree to register as private patients.
	<input checked="" type="checkbox"/> There is a lack of transparency about the cost of dental treatments in the UK. Most patients are unaware of the price of treatments and have no ability to be able to make comparisons across different practices. This again leads to a lack of competitiveness.
	<input checked="" type="checkbox"/> There are approximately 48 Whole Time Equivalent salaried dentists in the Peninsula – these posts are funded by PCTs and provide essential emergency treatment. Recruitment to these posts can be difficult but can be seen as a less stressful alternative to the business pressures of having their own practice. However, the number of posts is limited by the availability of PCT funds.
<input checked="" type="checkbox"/> The funding of salaried dentists is a common feature of dentistry services in other EU countries where access to dental services is not a problem.	

	<input checked="" type="checkbox"/> Services being provided to help alleviate some of the difficulties in accessing NHS dental services – Dental Access Centres, Dental Helplines and NHS Direct dental advice appear from the residents' survey to be largely unheard of and unused by the general public.
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Recommendations

3.1 Residents should have choice as to whether they access NHS or private dental care.

To achieve this, greater competition needs to be developed in the market place –

- ✓ through recruiting and attracting dentists from other countries
- ✓ through additional funding to increase the number of salaried dentist posts.

For the attention of: Secretary of State for Health, Department of Health, General Dental Council, local MPs

3.2 NHS dental services should be available free at the point of delivery as a right for all, especially children and the elderly, and local dental services configured in a way that means that all children and the elderly are able to access NHS dental treatment if they wish.

For the attention of: Secretary of State for Health, Department of Health, local MPs

3.3 The roles of those working in dentistry should be reviewed at a national level in the way that other NHS responsibilities have been redefined. Opportunities to increase the role of hygienists, therapists and dental nurses to undertake aspects of work that currently can only be provided by dentists should be assessed.

For the attention of: Department of Health, local MPs, General Dental Council, South West Peninsula Strategic Health Authority

3.4 The Department of Health should review arrangements for mixing private and NHS services. All patients should be informed prior to a service being provided as to what NHS and private treatment options are available as a part of the course of treatment.

For the attention of: Department of Health, Secretary of State for Health, General Dental Council

3.5 All dental charges should be transparent, be able to be broken down and readily accessible to all patients. Dental practices should be required to display their charges, including in LARGE PRINT, Braille and in appropriate languages.

For the attention of: General Dental Council, South West Peninsula Strategic Health Authority, local Primary Care Trusts

3.6 We welcome the services available through Dental Access Centres, NHS Direct and Dental Helplines and recognise that Dental Access Centres cannot currently cope with demand. The public should continue to be made aware of the Centres and the services available through them but other schemes should be made available to supplement them.

For the attention of: Department of Health, South West Peninsula Strategic Health Authority, local Primary Care Trusts

4. Funding arrangements

Key Findings	<ul style="list-style-type: none"> ☑ The current system for payment of dentists is archaic and based on the size of NHS lists and fee for item of service. This promotes corrective treatments and discourages preventative work. ☑ NHS funding systems are currently viewed by dentists as bureaucratic and over regulated and cited as one of the factors which encourages many to move to private work. ☑ From 2005 however, the system is changing and funding for dental services will be delegated to individual PCTs who will be responsible for commissioning services in its area. ☑ Under this new arrangement, funding will be based on historical patterns of expenditure within the area rather than the population requiring dental services. It is hoped that additional growth funding will be made available. In areas such as the South West where existing NHS expenditure is limited by the small proportion of NHS dental services available, the funding difficulties will be perpetuated. ☑ Expenditure on dental care in the UK is low compared with other EU countries (in the lower quartile of EU countries including those recently joining the EU). The UK spends 0.29% of GDP on oral health against 0.5% in France and Denmark and 0.9% in Germany.
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Recommendations

4.1 The funding put into dentistry at a national level should be urgently reviewed. At the moment, a substantial population are contributing national insurance payments to cover NHS dental care but having no access to NHS dental services.

For the attention of: Secretary of State for Health, local MPs, Department of Health, South West Peninsula Strategic Health Authority

4.2 Funding for dentistry should be devolved to PCTs upon the same basis as all other NHS services – based on patient population.

For the attention of: Secretary of State for Health, Department of Health, local MPs, South West Peninsula Strategic Health Authority

4.3 PCTs should work with dentists to ensure that processes for payment under the new system are efficient and non-bureaucratic and that rates of payment are weighted in a

way that encourages practitioners to undertake preventative work.

For the attention of: local Primary Care Trusts, South West Peninsula Strategic Health Authority