

# CITY OF PLYMOUTH



## Health Overview and Scrutiny Panel

### Access to NHS Dentistry

**DECEMBER 2004**

The five key themes of Our City's Health and the challenges that need to be addressed to reduce health inequality are:

- tackling the determinants of health
- strengthening the health of disadvantaged communities
- promoting the health of children and young people
- promoting the health of older people
- preventing ill-health from major illnesses

**Director of Public Health for Plymouth: Annual Report 2003**

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**GLOSSARY**

CDS – Community Dental Services  
EU – European Union  
PCT – Primary Care Trust  
PDS – Personal Dental Services  
SWPSHA – South West Peninsula Strategic Health Authority  
UK – United Kingdom

**Preface**



Access to dental services is a national problem. The position of Plymouth on the geographical periphery and the low incomes of the South West make the problem even more acute.

One in four children in Plymouth are not registered with a dentist. It is vitally important that steps are taken to ensure good dental care is available to all children.

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 local people 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. The lack of local dentistry training facilities also adversely affects the number of practitioners willing to relocate here.

A Task Group from Plymouth, Devon, Cornwall and Torbay Councils worked together between January-July 2004 to look at the situation being faced by their local residents and released a joint report of common findings and recommendations in September 2004. The joint report made appropriate recommendations to local and regional NHS organisations and the Government to assist in improving the availability of NHS dental services, and to help reduce health inequalities.

Similarly, many of the findings and recommendations of this report are directed for the attention of the Department of Health, who have the real power to make changes that will have a significant impact on future dental provision.

I would like to thank Members of the Health Overview and Scrutiny Panel, James Short and Emily Street from the Plymouth Teaching Primary Care Trust, Council Officers and the other people who have supported the review.

**Councillor Mary Aspinall**  
**Chair, 'Access to Dental Services in Plymouth' review**  
**Health Overview and Scrutiny Panel**

### **Panel Membership**

- Councillor Aspinall (Chair)
- Councillor Savery (Vice Chair)
- Councillor Brookshaw\* (from 25 June 2004)
- Councillor Brotherton\* (from 25 June 2004)
- Councillor Coleman
- Councillor Mrs Foster\* (from 25 June 2004)
- Councillor Gordon
- Councillor Hiromeris
- Councillor Kerswell
- Councillor Lock\* (until 25 June 2004)
- Councillor Miller\* (until 25 June 2004)
- Councillor Mrs Nicholson\* (until 25 June 2004)
- Councillor Dr Salter
- Councillor Williams\* (until 25 June 2004)
- Councillor Tom Wildy\* (from 25 June 2004)
- Mr M. Storey (co-opted representative)
- Mr B. Norris (co-opted representative) (from 25 June 2004)

Following Council elections in June 2004 there was a change in membership of the Panel, although a core of membership including the Chair of the Panel participated in the scrutiny both before and after the election.

### **Meetings**

The Panel met or discussed the review in meetings on seven occasions between January and October 2004.

## 1.0 Summary

- 1.1 The Health Overview and Scrutiny Panel has completed their enquiry into access to NHS dental services in Plymouth. The Panel's aim was to develop an understanding of how NHS dentistry operated, and the local access problems. We looked into how the problems of access were being addressed in the development plans for the service not only locally in Plymouth, but also in the South West Peninsula, particularly in the context of tackling health inequalities.
- 1.2 Many of the issues adversely affecting the provision of dental services in Plymouth appear to be experienced nationwide, however, the problem is exacerbated by local factors. These problems of access can be attributed to the city's position on the geographical periphery. The lack of local dentistry training facilities also adversely affects the number of practitioners willing to relocate to Plymouth.
- 1.3 A Task Group comprising the Health Scrutiny Chairs of Cornwall, Devon, Plymouth and Torbay Councils worked together between January-July 2004 to look at the situation being faced by their local residents and to understand why finding an NHS dentist was so difficult, and what needed to be done to sort the problem out. A joint report of common findings and recommendations of the four authorities was published in September 2004 and made appropriate recommendations to local Primary Care Trusts, the South West Peninsula Strategic Health Authority (SWPSHA), Members of Parliament and the Government to assist in improving the availability of NHS dental services, and help reduce health inequalities. This report complements the joint report and makes recommendations to assist in improving the availability of NHS dental services in Plymouth.
- 1.4 Information provided by the SWPSHA in response to September's joint report is at Appendix 5, and talks about steps local NHS organisations are taking to tackle the problems of provision of dentistry.
- 1.5 In addition to the Task Group work, the Health Overview and Scrutiny Panel has continued to investigate the local situation and speak with local NHS representatives regarding the 'options for change' and service-commissioning at local levels. The Panel welcomes the greater flexibility and influence that the use of Personal Dental Services (PDS) contracts will give to local PCTs and hopes there will be no further delays in the roll-out of these local commissioning arrangements, which have already been deferred from April 2005 to October 2005.

## 2.0 Summary of Recommendations

Significant changes to NHS dentistry are in the pipeline at the national and local level, however there is much to do to tackle Plymouth's access problems and high levels of dental need, particularly amongst children, with areas for action by the Government, NHS organisations and the Council.

### National

- 2.1 **We recommend** that a scheme of NHS scholarships for dentists should be established.

**For the attention of:** Department of Health

- 2.2 We recommend** that capital schemes be established to assist dentists in setting up NHS practices, with conditions stipulated regarding when, and if, these practices can be converted to private practices.

**For the attention of:** Department of Health, South West Peninsula Strategic Health Authority

- 2.3 We recommend** that NHS dentists should be granted 'key worker' status.

**For the attention of:** Department of Health

- 2.4 We recommend** that the 'Teaching PCT' philosophy should be extended to include salaried NHS dentistry practitioners.

**For the attention of:** Department of Health, Plymouth Teaching PCT

### Recruitment and Training of Dentists

- 2.5 We recommend** that a South West Peninsula School of Dentistry should be established as part of the Peninsula Medical School. Such an establishment should provide full training facilities, including undergraduate, postgraduate and specialist training, for dentists and vocational training for hygienists and dental nurses.

**For the attention of:** Department of Health, South West Peninsula Strategic Health Authority

- 2.6 We recommend** that newly qualified dentists should be obligated to work for the NHS for a period of time after graduation, including linking this period of work to assistance with the repayment of student loans.

**For the attention of:** Department of Health, South West Peninsula Strategic Health Authority

- 2.7 We recommend** that the Department of Health and the General Dental Committee streamline bureaucratic 'red tape' as soon as possible to assist in recruiting EU dentists who wish to move the United Kingdom. Once recruited, the Department of Health should also ensure that some capital funding is made available to assist local PCTs in setting up these new dentists.

**For the attention of:** Department of Health, General Dental Committee

- 2.8 We recommend** that the Council's Planning Department meet with the Plymouth Teaching PCT representatives to discuss what advice the Council can provide to dentists who wish to set up new practices in the city.

**For the attention of:** Cabinet Member for Planning Policy and Regeneration, Head of Planning and Regeneration

### Children

- 2.9 We recommend** that there should be a national review of dental health care for children.

**For the attention of:** Department of Health

- 2.10 We recommend** that practitioners of NHS Dentistry should have no automatic right to de-register an NHS child patient.

***For the attention of:*** Department of Health

### The system of contribution towards cost

- 2.11 We recommend that** the current system of contribution towards NHS treatment costs be reformed to provide a sliding scale of charges that takes into account the patient's ability to pay.

***For the attention of:*** Department of Health

### The remuneration system

- 2.12** The Panel feels strongly that the current "item of service" system of remuneration for dentists should be replaced by a system emphasising prevention and treatment based on evidence of cost-effectiveness. As such, the Panel recommends that –

**A.** The system of remuneration should encourage dentists to remain within the NHS dentistry system, or to return to service, thus ensuring that affordable dental treatment is available to the less affluent members of the community.

***For the attention of:*** Department of Health

**B.** The system of remuneration should facilitate the work of the PCT as the commissioning body for primary NHS dental services.

***For the attention of:*** Department of Health

### Local Commissioning

- 2.13 We recommend** that the Plymouth Teaching Primary Care Trust agree the objective of increasing access and the number of local dental practices, and further, that they target deprived areas for increased service provision and dental health promotion.

***For the attention of:*** Plymouth Teaching Primary Care Trust.

- 2.14 We recommend** that the right set of conditions needs to be put in place within the city to attract and retain NHS dentists, including issues surrounding the recruitment of continental (EU) dentists and the creation of a Peninsula School of Dentistry.

***For the attention of:*** South West Peninsula Strategic Health Authority, Plymouth Teaching PCT

- 2.15 We recommend** that work be undertaken in order to identify regeneration or other funding for training and recruitment of NHS dentists, particularly with a view to targeting resources at the more socially deprived areas of Plymouth.

***For the attention of:*** Plymouth Teaching PCT, Plymouth City Council

- 2.16 We recommend** that where dental practitioners seek to reduce their NHS patient list, priority to re-register as an NHS patient should be given to those patients most in need of NHS dentistry, rather than on a "first come, first served" basis as at present.

***For the attention of:*** Plymouth Teaching PCT, local Dental practitioners



- 2.17 We recommend** that where children have been registered with an NHS dental practitioner, they should be permitted to remain on that practitioner's list, irrespective of whether or not their parent/parents have registered as private patients following a change in practice by that dentist.

***For the attention of:*** Department of Health, local MPs, local Dental practitioners.

### Information for Patients

- 2.18 We recommend** that the Plymouth Teaching Primary Care Trust, as lead organisation for the provision of dental services locally, produce, and with partner organisations make readily available, information for the Plymouth public about: the registration system, what to do if they have problems finding an NHS dentist, how to access emergency care and treatment, services for children, the forthcoming changes to dental services, particularly the dental access centre, and on the true costs of private treatment compared to NHS treatment.

***For the attention of:*** Plymouth Teaching Primary Care Trust, NHS Direct

- 2.19 We recommend** that measures be taken to publicise more effectively the role of NHS Direct, particularly as regards the provision of information to patients about the availability of NHS Dental Services.

***For the attention of:*** NHS Direct, Plymouth Teaching PCT

- 2.20 We recommend** that the accuracy and currency of information provided to patients via the NHS Direct website be improved, particularly in relation to the availability of NHS dental practices accepting new patients.

***For the attention of:*** NHS Direct, Plymouth Teaching PCT

### Tracking Progress

- 2.21 We recommend** that the Health Overview and Scrutiny Panel review the progress made on the recommendations of this review within at least 6 months, and after October 2005 when the new Personal Dental Services local contracts have had a chance to settle down.

***For the attention of:*** Overview and Scrutiny Commission

## **3.0 INTRODUCTION**

### **3.1 Introduction**

3.1.1 Cornwall County Council's Health and Social Care Overview and Scrutiny Committee agreed at their meeting on 19 June 2003 to undertake a review of dental services, to be carried out jointly with Devon County Council's Health Scrutiny Committee. The review expanded in November 2003 to include Plymouth City Council and Torbay Borough Council.

3.1.2 The Health Overview and Scrutiny Panel became aware of the increasing problems with registering with an NHS dentist in Plymouth. At the same time, significant change is planned for NHS dental services at both the national level with new working arrangements and locally, where new Personal Dental Services (PDS) contracts are being introduced as a part of giving local PCTs greater responsibilities to commission local services. A new Dental Access Centre was also opened in Plymouth in 2003. The Health Overview and Scrutiny Panel therefore identified access to NHS dental services as a topic for review.

### **3.2 Terms of Reference**

3.2.1 When the Health Overview and Scrutiny Panel were invited to join the review being undertaken by the Cornwall and Devon County Council's, the review had already commenced and the terms of reference had been scoped and approved.

3.2.2 The Panel approached this review by considering whether the terms of reference could be adopted by Plymouth to produce a good understanding of the current situation regarding access to dental services locally, and in making recommendations to improve the dental health of the local population. It was agreed that the terms of reference did meet local needs.

3.2.3 The Panel therefore agreed that their scrutiny work should have the following aims for this review –

- To examine the current provision of dental services in Devon, Cornwall, Plymouth and Torbay;
- As necessary, to make recommendations that would lead to easier and fairer access to dental services for Devon, Cornwall, Plymouth and Torbay's residents and visitors;
- To make recommendations that would lead to improved dental health within the population of Devon, Cornwall, Plymouth and Torbay.

### **3.3 Scope of the Inquiry**

3.3.1 In 2001, legislation gave Plymouth City Council a new responsibility for the overview of health issues in Plymouth. Scrutiny of the local NHS is a new and evolving area of work and there is a big learning curve for Panel members in getting to grips with the operation of the health service. The aim of the inquiry was to develop an understanding of how NHS Dentistry operated, and the local and regional access issues.

- 3.3.2 Cornwall, Devon, Plymouth and Torbay Councils published a joint report addressing South West Peninsula access issues in September 2004. The joint report contained the common findings and recommendations of the four authorities. Information on the response provided by health authorities through the South West Peninsula Strategic Health Authority (SWPSHA) is at Appendix 5.
- 3.3.3 This report focuses on issues identified as impacting upon Plymouth, including looking at how the problems of access are being addressed in the development plans for the service locally, particularly in the context of tackling health inequalities.
- 3.3.4 As part of their review, the Panel –
- participated in a regional conference on ‘The Dental Dilemma’ in February 2004;
  - held a number of evidence sessions, including speaking with the Plymouth Teaching Primary Care Trust and the SWPSHA;
  - surveyed Plymouth residents via the Plymouth ‘Points of View’ Panel;
  - received the survey results from 320 south west dentists on issues including patient profiles, proportion of NHS and private work undertaken, current registration arrangements and changes in workload practices;
  - met with the Chairs and Vice Chairs of the other participating local authorities to share local findings and discuss how common issues of concern can be progressed at a South West Peninsula level through joint reporting.

## **4.0 BACKGROUND INFORMATION**

### **4.1 The National Context – Government Publications**

- 4.1.1 Access to dental services is a national problem, with much written locally and nationally highlighting it as a longstanding issue dating back to the early 1990s. Currently less than half of the people living in England have access to an NHS dentist.
- 4.1.2 In 1999 the Government gave a commitment that by September 2001 anyone who wanted NHS dental care would be able to receive it and the Department of Health subsequently affirmed its commitment to improving access to NHS dentistry in the NHS Plan. The strategy to implement this was set out in “Modernising NHS Dentistry: Implementing the NHS Plan” (2000).
- 4.1.3 In 2002 the Department of Health published “NHS Dentistry: Options for Change” outlining the policy for reforming NHS dental services, in response to House of Commons Health Select Committee recommendations.
- 4.1.4 The Chief Dental Officer (England) published “NHS Dentistry: Delivering Change” in July 2004 which has a vision to build an NHS dental service that –
- offers access to high quality treatment for patients when they need to see a dentist;
  - focuses on preventing disease so that everyone, and in particular children, can enjoy healthy teeth for life;
  - gives a fair deal to dentists and their teams and improves their working lives.
- 4.1.5 Significant changes have been legislated to impact upon the operation of NHS dentistry from 2005, including introducing a new contract for dentists and making Primary Care Trusts responsible for the commissioning of local dental services.

## **4.2 The Regional Context – South West Peninsula**

- 4.2.1 The South West Peninsula has been categorised nationally as one of the 17 hot spots in the country for shortages of NHS dental care. The rural nature and low incomes of the South West make the problem even more acute. 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.
- 4.2.2 The Health Overview and Scrutiny Panels of Cornwall, Devon, Plymouth and Torbay held a number of meetings between February and July 2004 to share local findings and discuss issues of common concern. A joint report of the common findings and recommendations of the four authorities was released in September 2004.

## **4.3 The Local Context – Experience in Plymouth**

- 4.3.1 Access to NHS dental services is a problem in Plymouth and new NHS patients wishing to register with an NHS dentist can only do so through a process that involves placing their name on a waiting list with the Plymouth Teaching Primary Care Trust. A number of Dental Practices have ceased to treat NHS patients and taken steps to deregister current NHS patients during the course of this review. Panel members have also become increasingly aware from their constituents of problems in accessing dental services in Plymouth.
- 4.3.2 This is borne out in local health data, from a survey of local residents conducted through the Plymouth 'Points of View' Residents Panel in April 2004, and through a number of letters recently written to the editorial section of the local evening newspaper.

## **5.0 EVIDENCE FROM THE NHS AND DENTAL PRACTITIONERS**

### **5.1 Written Evidence**

- 5.1.1 A day conference, "The Dental Dilemma – Access to Dental Services in the South West" was held at St Mellion Golf and Country Club, Saltash, Cornwall on 25 February 2004, with attendees including Officers and Members of Health Scrutiny Panels from Cornwall and Devon County Councils, Torbay Borough Council and Plymouth City Council, representatives from Primary Care and Hospital Trusts across the Peninsula, the Dental Practice Board and dental professionals and practitioners.
- 5.1.2 Department of Health and dental professionals provided the conference with a very helpful overview, and local and regional data on how the dental service operated including –
- national, regional and local perspectives and a breakdown of dental access statistics;
  - getting into the profession;
  - the business case;
  - challenges facing NHS dentistry in the region, including running a dental practice in the south west; and
  - issues concerning training and recruitment.
- 5.1.3 A survey questionnaire was sent to 320 dentists in the south west seeking information on patients' profiles, proportion of NHS and private work undertaken, current registration arrangements and changes in workload practices.
- 5.1.4 Plymouth residents were also surveyed via the Plymouth 'Points of View' Panel.

### **5.2 Oral Evidence**

- 5.2.1 Representatives from the Plymouth Primary Care Trust and the Director of Public Health for Plymouth attended the Scrutiny Panel on a number of occasions. The findings of these sessions are at Section 6.0 FINDINGS.

## **6.0 FINDINGS**

### **6.1 The Operation of NHS Dentistry**

- 6.1.1 The Panel learned that dentists, like doctors, are overwhelmingly self employed, and own their own practices. They are free to accept or reject patients for NHS treatment and cannot be made to treat certain patients, nor can patients be allocated to them.
- 6.1.2 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. As such, those patients with the most disease pay the most. This is an inequitable system and goes against the founding principles of the NHS, that healthcare should be available on the basis of need, not ability to pay.
- 6.1.3 NHS funding systems are currently viewed by dentists as bureaucratic and over regulated and cited as one of the factors that encouraged many to move to private work.

- 6.1.4 From October 2005 however, the system is changing and funding for dental services will be delegated to individual Primary Care Trusts who will be responsible for commissioning services locally.

## 6.2 Shortage of Dental Workforce

- 6.2.1 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 Plymouth, and regionally, have no access at all to NHS dental services and are faced with the choice of paying for private care or leaving their dental health to fate.

- 6.2.2. Nationally there is a severe shortage of dentists willing to work for the NHS. The Secretary of State for Health announced in July 2004 that £368m funding would be injected into NHS dentistry as part of the biggest reform since 1948. This includes plans to recruit the equivalent of an extra 1,000 NHS Dentists by October 2005 and fund 170 extra undergraduates dental training places, a 25% increase. The Secretary is urged to closely monitor these reforms to ensure the dentists are recruited, including to work in the national hot spots, and that the system is reformed so that dentists want to work for the NHS in the future.

## 6.3 'The Dental Dilemma'

- 6.3.1 Patients are "registered" with the dentist for 15 months, after which their registration automatically lapses unless they renew it. Access to NHS dental services is a problem in Plymouth and new NHS patients wishing to register with an NHS dentist can only do so through a process that involves placing their name on a waiting list with the Plymouth Teaching Primary Care Trust.

- 6.3.2 Panel Members attended a day conference "The Dental Dilemma – Access to Dental Services in the South West" was held at St Mellion Golf and Country Club, Saltash, Cornwall on 25 February 2004 at which a number of local and national dental health professionals presented information. The conference was informed that –

- average list sizes of NHS dentists have fallen since 1992, with list sizes in Devon having now fallen well below the national average. The number of dentists holding NHS contracts in Devon has increased since 1992 although no figures are available to identify what proportion of their work is NHS;
- there has been a big nationwide decrease in the number of patients registered for NHS care since 1992 which is also reflected in local figures;

### *Devon – Adult Registrations*

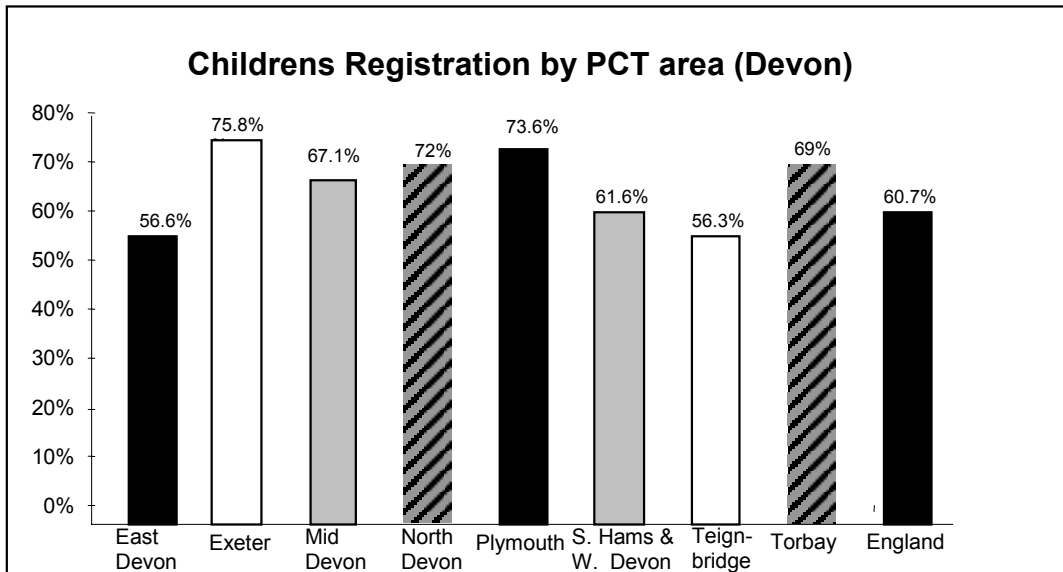
536,000 (66%) registered in 1992  
362,000 (43.5%) registered in 1998  
393,974 (47%) registered in 2003

### *Devon – Children Registrations*

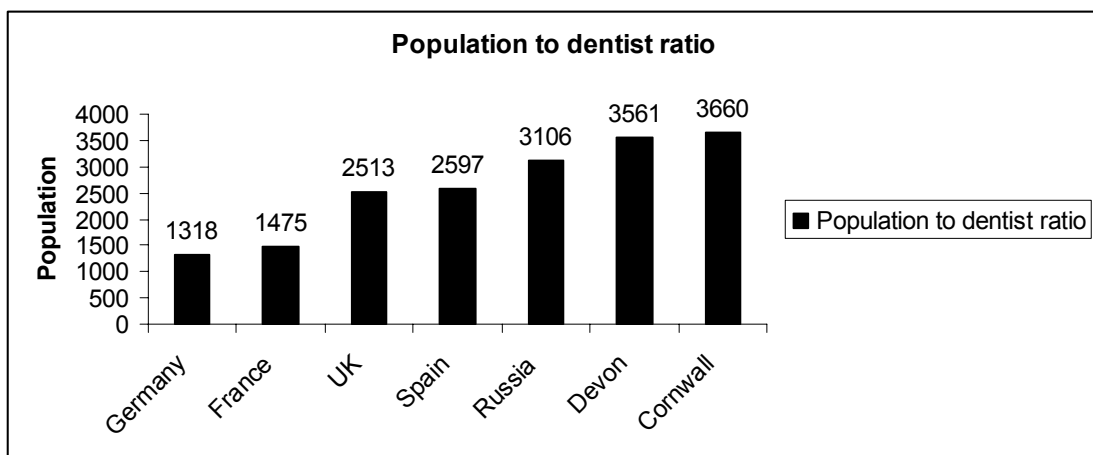
162,650 (75%) registered in 1992  
146,900 (65%) registered in 1998  
151,600 (66.5%) registered in 2003

- there are distinct variations in the proportion of residents registered for NHS dental care in different PCT areas. As at 2003, Plymouth has the highest adult registrations (54%) of any PCT and second highest children registrations of any

PCT (73.6%) in the south west. This compares to the 2003 national averages of 44.8% of adults registered for NHS dental care and 60.7% of children registered for NHS dental care;



- nearly one in three dentists in Devon and Cornwall are over 50;
- attracting and retaining dentists in the South West is a problem – half of dentists undertaking post graduate vocational training in Devon and Cornwall move to other areas at the end of their training;
- the ratio of population to dentists in Devon is significantly higher than that for the UK as whole and other EU countries as indicated below. With a growing local population, this figure is set to increase further.



## 6.4 Primary Care Trust

6.4.1 The Panel learnt that currently there are no dentists accepting all categories of NHS patients although it may be possible to register with an NHS dentist through a process that involved placing their name on a waiting list with the PCT.

6.4.2 The Panel heard that –

- The PCT communicated regularly with local dentists, although they had no powers to stop a dentist who was currently providing NHS dental services from changing to provide services solely to private patients;

- 'options for change' was providing greater flexibility for dentists who wished to look after NHS patients, and it was anticipated that some local dentists would be attracted back to providing services to NHS patients. It would also enable PCTs to set up local contracts with dentists to take up and care for a certain number of NHS patients, rather than the current NHS dental contract which remunerated NHS dentists on a 'pay per item' fee basis;
- a vocational scheme initiative had been introduced three years ago, and historical evidence showed that approximately one-third of these dentists would stay locally when their vocation period finished;
- demographics indicated that a number of dentists were retiring and new dentists would not be taking their place;
- new dentists moving to the south west were concerned that the region was too 'isolated';
- there was an inevitable loss of actual dental practices when a dentist changed from treating NHS patients to private patients;
- some practices were being sold to become private homes as dentists were unable to find another dentist to buy practices;
- an advertising campaign to attract dentists to the south west would be a good initiative;
- the support of the Council, including with planning applications may assist some new practices in setting up;
- the recruitment of EU dentists to the United Kingdom was being done centrally by the Department of Health;
- other issues to be considered along with the recruitment of EU dentists were qualifications, English language proficiency, training, start-up capital and equipment costs and this was all being looked at;
- with respect to differences in how EU and UK dentists provided dental services to patients –
  - in some countries, such as Sweden, dentists carried out simple dentistry procedures in dental practices and any specialist or orthodontic work was referred to specialists. In the United Kingdom, local dentists do much of this 'specialist' work so there was the possibility that EU dentists working in the UK would refer additional numbers of people to hospitals for treatment;
  - the UK was the only EU country that had a vocational scheme where newly qualified dentists worked with an experience dentist for a year;
- with respect to whether dental surgeries could be housed as a part of new LIFT projects, this had been considered but there was still the problem that dentists needed to be recruited and attracted to the region to work in these surgeries;
- with respect to dental surgery space, the Panel was informed that there was spare dental practice space, possibly up to 30 chairs, not being utilised at HMS Raleigh.

6.4.3 In response to the PCT evidence, the consensus within the Panel was that –

- given the cost of training a dentist, a figure of £170,000 was provided at the Dental Conference, dentists should be obligated to provide some 'return of service' to the NHS and public on completion of their training;
- it was unacceptable that local people continued to make National Insurance contributions, yet the situation remained that 50% of adults were not registered with an NHS dentist and had to put their name onto a waiting list if they wished to register as a new NHS patients;
- a lot of the issues identified as part of this scrutiny review were largely the responsibility of central Government and the General Dental Council;
- from evidence provided during the scrutiny review, it was unclear –
  - what the typical life cycle of a dentist was;
  - how much it cost a dentist to set up a dental practice in the UK;



- how much it cost an EU dentist to set up a dental practice in the UK.

## **7.0 CONCLUSIONS AND RECOMMENDATIONS**

### **7.1 Overall Conclusions**

- 7.1.1 The Panel has major concerns that access to NHS dental care is poor and not improving although it recognises the work being done by the Plymouth PCT to stabilise the current access situation. The Department of Health and local health communities have been aware for a number of years of the growing number of both adults and children who are not registered with a dentist, and who could not register with an NHS dentist even if they wished. This is a serious problem that needs to be addressed to ensure that anyone who wants to access NHS dental care is able to receive it.
- 7.1.2 The Scrutiny Panel welcomes the recent announcements by the Secretary of State for Health regarding 'options for change' and the devolvement of responsibility and funding for the running of dental services to local PCTs. The Department of Health is recommended to ensure these reform initiatives are followed through and progress made in implementing them is suitably monitored, especially since there has already been a delay from April 2005 to October 2005 in the roll-out of these arrangements.
- 7.1.3. In addition to the findings and recommendations of the recent local authority Task Group's joint report, this report highlight the difficulties local people are having in accessing an NHS dentist and what need to be done to sort the problem out. Some of the detailed recommendations have cost implications that will need to be considered carefully.

### **7.2 Overall Recommendations**

- 7.2.1 There are a number of recommendations contained at Section 2 (pages 6-9) of the report. All recommendations have indicated the organisations or individuals for which they are of specific interest.

### **7.3 Progress on Implementation**

- 7.3.1 It is suggested that the Health Overview and Scrutiny Panel should review the progress made on the recommendations of this review within at least six months, and after October 2005 when the new Personal Dental Services (PDS) local contracts have had a chance to settle down.

## **Appendix 1 – Reference Materials**

1. Modernising NHS Dentistry: Implementing the NHS Plan, Department of Health 2000
2. NHS Dentistry: Options for Change, Department of Health 2002
3. Dentistry: Primary Dental Care services, Audit Commission September 2002
4. NHS Dentistry: Delivering Change (Report by the Chief Dental Officer (England)), Department of Health July 2004
5. NHS Dentistry: Next Steps in Local Commissioning, Department of Health August 2004

## **Appendix 2 – Contributors**

The Panel would like to express their sincere thanks to all those who provided information and advice:

- James Short, Acting Head of Primary Care, Plymouth Teaching PCT
- Emily Street, Dental Lead, Plymouth Teaching PCT
- Alan Yardley, Plymouth Teaching PCT
- Tracey Sweet, Patient and Public Involvement Manager, SWPSHA

### Appendix 3 – Terms of Reference

#### **CAN I SEE A DENTIST – ACCESS TO DENTAL SERVICES IN DEVON, CORNWALL, PLYMOUTH AND TORBAY – SINGLE ISSUE PANEL**

**Purpose:**

1. To examine the current provision of dental services in Devon, Cornwall, Plymouth and Torbay
2. As necessary, to make recommendations that will lead to easier and fairer access to dental services for Devon, Cornwall, Plymouth and Torbay's residents and visitors
3. To make recommendations that will lead to improved dental health within the population of Devon, Cornwall, Plymouth and Torbay

**Key objectives:**

1. To explore whether Devon, Cornwall, Plymouth and Torbay has a greater shortage of NHS dentists than other areas of the country
2. To investigate the extent to which access to dental services presents difficulties for patients in Devon, Cornwall, Plymouth and Torbay
3. To judge the long-term impact on dental care, especially among children and pregnant women in Devon, Cornwall, Plymouth and Torbay
4. To judge the changes in dental health of the population, especially children, in recent years
5. To investigate whether an increase in the proportion of dentists providing private services impacts on dental health in Devon, Cornwall, Plymouth and Torbay
6. To identify measures that will reverse the decline in NHS dentists
7. To judge the likely impact of the proposed changes to dentists' contracts

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Terms of Reference prepared by:	Philippa Dowling Policy Officer, Cornwall County Council
Terms of Reference agreed by the Overview and Scrutiny Commission:	6 November 2003
Panel structure	Health Overview and Scrutiny Panel
Panel Chair:	Councillor Aspinall
Plymouth City Council contact officer:	Craig Saunders, Senior Scrutiny Officer

## Appendix 4 – Dental Services in Plymouth: Survey<sup>1</sup>

The fifth 'Plymouth Points of View' residents' panel survey run in March / April 2004 was used to consult residents on Dental Services in Plymouth.

The advantages of using the 'Points of View' are that the panel is reasonably representative of Plymouth's residents and it also attracts a good response rate (over 60%), which in turn, gives a good sample size (over 1000 respondents). This gives the survey a good level of reliability.

The survey asked local people –

- whether they were currently registered with a dentist (NHS or private)
- if currently registered with a dentist for 'private work', the reason(s)
- approximately how long they had been with their current dentist
- when they last attempted to register with an NHS dentist
- the outcome when they last attempted to register with a dentist
- if not registered with a dentist, what are the main reasons for this
- if you are registered with a dentist, how far do you travel to get to the practice?
- where their dentist was located compared to their home and work
- the number of times they had visited their dentist in the last 15 months
- if they had children, whether they were registered with a dentist
- whether they had heard of or used the Dental Access Centre, Dental Helpline or NHS Direct for dental advice
- overall, taking everything into consideration, how satisfied they were with the availability of dental services in Plymouth City Council

### *Registration with a dentist*

Respondents were asked to indicate whether they were currently registered with a dentist.

Nearly half of respondents were registered with a NHS dentist; a third with a dentist for private work and a sixth were not registered with any dentist.

### *Reasons for Private Registration*

The 332 respondents that said that they were registered with a dentist for private work were then asked to indicate their reason(s) for private, rather than NHS, registration.

Nearly two-thirds of respondents said that private registration was enforced because their dentist had ceased providing NHS cover. Only 7% selected the reason as being 'better treatment as a private patient'.

<sup>1</sup> The Plymouth Points of View Firth Survey was conducted in April 2004 for the Plymouth City Council by Marketing Means. A copy of the survey can be accessed at <http://www.plymouth.gov.uk/mgInternet/Published/C00000320/M00001239/AI00008036/PPOV05DentalServices.pdf>.

*Length of Registration with current dentist*

Those who were registered with a dentist were asked to indicate how long they had been registered.

The most frequent response, two fifths of respondents, said that they had been with their dentist over 10 years.

<b>Length of Registration with current dentist</b>	
<b>Period</b>	<b>%</b>
Under 1 year	9%
Between 1-3 years	20%
Between 4-6 years	13%
Between 7-10 years	17%
Over 10 years	41%

*When respondents last attempted to register with an NHS dentist*

All respondents were asked when they had last attempted to register with an NHS dentist. This was cross-tabulated by whether a respondent was registered with a dentist (see next response). For those that say that they are not currently registered with a dentist at all, a quarter have tried to register with an NHS dentist within the last year, but two-fifths (41%) say that they have never attempted to register or tried over 10 years ago.

<b>Last attempted to register with an NHS dentist</b>	
<b>Period</b>	<b>%</b>
Under 1 year	13%
Between 1-3 years	18%
Between 4-6 years	11%
Between 7-10 years	11%
Over 10 years	23%
Cannot remember / never attempted	25%

*When respondents last attempted to register with an NHS dentist by whether currently registered with a dentist*

When respondents last attempted to register with an NHS dentist by whether currently registered with a dentist

	<i>Yes, for private work</i>	<i>Yes, for NHS work</i>	<i>No</i>	<i>Not sure</i>	<i>Total</i>
Under 1 year	7%	13%	23%	15%	13%
Between 1-3 years	9%	26%	17%	23%	19%
Between 4-6 years	7%	12%	13%	23%	11%
Between 7-10 years	12%	11%	6%	15%	11%
Over 10 years	23%	27%	13%	0%	23%
Cannot remember / never attempted	43%	10%	28%	23%	25%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

*Outcome of attempt to register with an NHS dentist*

Respondents were asked to indicate what the outcome of their attempt to register with an NHS dentist was.

Nearly two-fifths (38%) said that they were successful with registering with an NHS dentist.

<b>Outcome of attempt to register with an NHS dentist</b>	
<b>Outcome</b>	<b>%</b>
I was successful in registering with an NHS dentist	38%
I was told there was no NHS dentists available	11%
I gave up on finding an NHS dentist and went private	8%
I couldn't find out any information about NHS dentists available	5%
I decided to cope without a dentist	4%
The only NHS dentists offered to me were too far away	4%
Other	6%

*Main reason for not registering with a dentist*

Those who are not, or are not sure if they are, registered with a dentist were asked what the main reasons were. Half of the respondent said that it was because they couldn't find an NHS dentist to register with.

<b>Main reason for not being registered with a dentist</b>	
<b>Outcome</b>	<b>%</b>
Can't find an NHS dentist to register with	50%
Can't find any dentist, private or NHS, to register with	10%
Don't want a dentist	10%
Too far to travel to a suitable dentist	7%
Lack of transport to get to dentist	5%
Treatment too expensive	25%
Nervous about treatment	20%
Bad experience in the past	20%
Other	23%

*Registration of children with a dentist*

All respondents were asked, 'If you have children, are they registered with a dentist?' 8% of respondents answered that their children were not registered at all.

<b>Registration of children with a dentist</b>	
<b>Reason</b>	<b>%</b>
Children not registered	8%
Yes, children registered for NHS treatment	76%
Yes, children registered for private treatment	11%
Some children receiving NHS treatment, some receiving private treatment	5%

*Travel to a dentist*

Those who said that they were registered with a dentist were asked to indicate how far they traveled to attend their dentist. The vast majority of people lived within five miles of their dentist (90%).

<b>Distance travelled to dentist</b>	
<b>Distance</b>	<b>%</b>
Less than a mile	24%
1-2 mile	35%
2-5 miles	31%
6-10miles	8%
11-20miles	1%
Over 20miles	1%

*Location of dentist*

Those who were registered with a dentist were also asked where their dentist was located. The majority of people said that it was located close to where they live (58%). A third said that it was located elsewhere in Plymouth.

<b>Location of dentist</b>	
<b>Location</b>	<b>%</b>
In Plymouth near where I live	58%
In Plymouth near where I work	8%
Elsewhere in Plymouth	33%
Near my work outside Plymouth	1%

*Visiting the dentist*

Respondents were asked how many times they had visited their dentist within the last 15 months. Half of respondents had gone 1-2 times and just over a third (37%) had visited 3-4 times.

<b>Frequency of visiting dentists within the last 15 months</b>	
<b>No. of times</b>	<b>%</b>
Not at all	6%
1-2 times	52%
3-4 times	37%
5+ times	6%
Total	100%

*Awareness of dental services*

All respondents were asked to indicate their level of awareness with three dental services. It can be seen that usage of all services is fairly limited. However, approximately a quarter of respondents were aware of 'dental access centres' and the 'dental help line'. Two-fifths of respondents were aware of NHS direct for its dental advice.

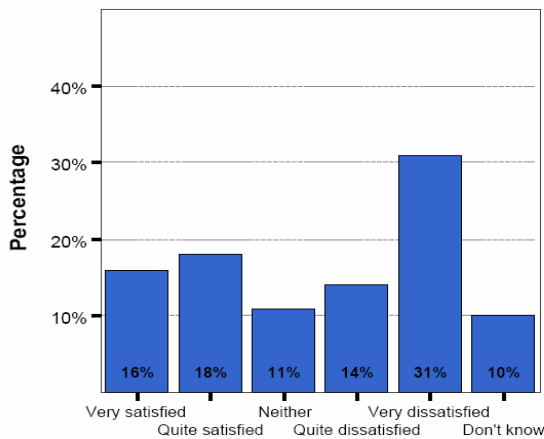


When respondents last attempted to register with an NHS dentist by whether currently registered with a dentist	Heard of and used	Heard of but not used	Never heard of
Awareness of Dental Access Centre	4%	25%	71%
Awareness of Dental Helpline?	7%	27%	66%
Awareness of NHS Direct for dental advice?	5%	41%	54%

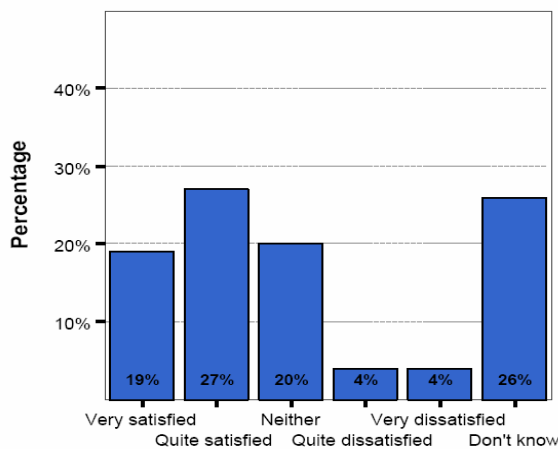
*Satisfaction with availability of dental services in Plymouth*

All respondents were asked to rate their overall satisfaction with the availability of both NHS and private dental services in Plymouth. There was a lower level of satisfaction ('very satisfied' or 'quite satisfied') with the availability of NHS services (34%) than with the availability of private services (48%). In addition, respondents were very much more likely to actively say that they were dissatisfied ('quite dissatisfied' or 'very dissatisfied') with the availability of NHS services (45%) compared to private services (8%).

**Satisfaction with availability of NHS dental services in Plymouth**



**Satisfaction with availability of private dental services in Plymouth**



## **Appendix 5 – SWPSHA Response to Joint Report**

### **Provided by the South West Peninsula Strategic Health Authority – September 2004**

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#### **Introduction**

The Strategic Health Authority has welcomed the report of the joint Devon and Cornwall Overview and Scrutiny Committees (OSCs), considering that the research that the local authorities have undertaken provides a valuable contribution to the debate about access to NHS dentistry across the Peninsula.

The key findings support and confirm that too many people in Devon and Cornwall are having difficulty accessing an NHS dentist. In particular the SHA shares the concern of the local authorities about NHS dental provision for children. The local NHS has already taken a number of steps to tackle the problems of the provision of dentistry. All the local PCTs have drawn up access plans to address this issue.

In the short term, the local NHS has already taken action to ensure that patients who are in dental pain can access emergency/urgent treatment.

In Cornwall, a PDS pilot scheme has established a network of 22 sites where dentists paid on either a salaried or sessional basis on PDS contracts provide emergency treatment. These dentists will also provide a course of treatment to complete a patient's need for care. These sites are in every main town in Cornwall providing a network of support. This is a contribution to the provision of NHS dental care but there is still a need for more NHS access.

In Devon Dental Access Centres are located at Plymouth, Exeter, Barnstaple and Crediton. A salaried dental service provides emergency access at Newton Abbott Hospital and Castle Circus, Torquay; and in Tavistock South Hams and West Devon PCT operate a mini PDS scheme whereby a dentist provides a fixed number of sessions for emergency/urgent NHS treatment for patients in pain. Torbay and South Hams and West Devon PCTs had a bid for funding for development of a similar PDS scheme approved by DH earlier this year.

The Government has, through "Options for Change", already addressed many of the areas identified in the report. The South West Peninsula was designated a pilot site under "Options for Change" and 47 dental practices across Devon and Cornwall have taken part in the pilot. However, a number of dental practices not originally included in the pilot have expressed an interest in the moving to PDS contracts and now a total of 60 practices covering over 170 dentists have moved to the new contracts. PCT dental leads are continuing to work with individual dental practices in order to encourage them to move to the new arrangements and more are expected to do so.

The SHA and PCTs are working with the DH programme of recruitment of fully qualified dentists from European Union countries and an announcement by DH on these is expected shortly. We hope this will add substantially to the access to NHS dentistry for several thousand patients. Individual PCTs are also working with practices to recruit overseas dentists independently of the DH initiative.

The OSC report identified the issue of attracting dentists to the Southwest Peninsula suggesting that training for dentists and allied professions be located in the region.

The Post Graduate Deanery supported by the SHA's Directorate of Workforce and Learning (formerly Devon and Cornwall Workforce Development Confederation) already runs 3 vocational training schemes in the South West at Taunton/Tiverton, Plymouth and Truro.

The SHA is awaiting the outcome of the CDO's Working Group into the location of 170 additional new dental school places. Should this call for a new dental school then the SHA would be interested in developing proposals for local, community based, dental training along European and international lines in the Peninsula. It is envisaged that any such scheme would be run in conjunction with the Peninsula Medical School although it is important to emphasise there has as yet been no formal business case.

The new contract for dentists that is currently being introduced is designed to secure more access to NHS dentistry. The PCTs are working hard with their local practitioners to encourage them to use the benefits it offers.

### **Recommendation 1.1**

We acknowledge the key findings under section 1, and strongly support the reference to recruitment problems increasing in proportion to distance from a dental school. However, we do not accept the contention that there is a disincentive to recruitment due to continued professional development (CPD) taking place in Bristol. There is a comprehensive annual programme of CPD that takes place in the Peninsula. This year there are 53 CPD courses run in the Peninsula funded by the South Western Postgraduate Dental Deanery (which is in turn funded by the South West Peninsula Strategic Health Authority (SWPSHA) and the Department of Health). Over 1800 places are available on these courses, which take place throughout the Peninsula, primarily in Truro, Exeter and Plymouth. Furthermore, there are hands-on training facilities in Plymouth and Truro, with practical skills training equipment (including phantom heads). Six tutor sessions are funded by the Deanery in Devon and Cornwall, as compared to a total of five in other counties in the South West.

We are exploring the possibility of establishing undergraduate dental training and supporting educational facilities in the Peninsula. Discussions are currently being held between SWPSHA, the Peninsula Medical School and the University of Bristol to develop 'outreach' facilities in the Peninsula (probably in Plymouth). In the medium term, this would involve Peninsula-based rotations for students from Bristol University Dental School to undertake local practice experience, and it is anticipated that students would then be attracted to work here after graduation. Establishment of 'outreach' training will require additional resources, including Dental SIFT funding from the Department of Health, and negotiations to secure this are taking place now.

In the long run, both SWPSHA and Peninsula Medical School aspire to the establishment of a dental school in the Peninsula. Establishment of a full dental school will require funding from the Department for Education and Skills, as well as support by the Department of Health, and it is likely to take several years before students can be recruited. Both SWPSHA and Peninsula Medical School intend to pursue this possibility actively over the next few months. Several challenges exist, particularly a national shortage of dental academic staff and the need to secure additional resources.

### **Recommendation 1.2**

It is intended that the 'outreach' dental training facilities referred to in 1.1 above will be used to train other dental staff, including dental nurses, therapists and hygienists. This is likely to be on an 'outreach' basis for Bristol-based students in the short term, but it is likely that training programmes based wholly or mainly in the Peninsula can be developed within the next five years.

**Recommendation 2.1**

SWPSHA, as well as several Primary Care Trusts in the Peninsula, is actively pursuing international recruitment. SWPSHA is currently working on a recruitment project in Poland, funded jointly with the Department of Health. 20 Polish dentists have been offered posts in the Peninsula, and are currently undertaking an intensive training programme (including English tuition) in their own country. Provided that the candidates complete the programme successfully, 20 new Polish NHS dentists will take up post early in January 2005. This will enable NHS dental services to be offered to an additional 40,000 people in the Peninsula.

Other international recruitment initiatives are taking place in the Peninsula by Teignbridge PCT and Central Cornwall PCT. The latter project is highly innovative, involving the recruitment of Dentists from India, who are employed as dental nurses 2004.

**Recommendation 2.5.**

We would be pleased to work with Local Councils to investigate opportunities to develop dental practices. It is encouraging to think there may be opportunities for Councils to work with PCTs when Local Development Plans are being discussed. The opportunity to take advantage of any planning gain to provide premises for dental services when substantial developments are proposed should be seized.

**Recommendation 3.5**

There are discussions on going about patient charges and we agree that it is important that these are transparent and accessible to patients. The provision of braille and large print versions and appropriate languages would most appropriately be supplied by the DH and we will ask this question when the new charges are made clear.

**Recommendation 3.6**

The Dental Access Centres are designed to give priority to patients in pain and not routine treatment. Dentists in the centres will complete a course of treatment but the centres were not established to take on regular preventive work. To do this there would need to be additional premises and recruitment of more dentists. Current centres are working to capacity. The aspiration would be to ensure there is a full range of long term access available through the NHS across the geographical area. This would best be achieved through the dentists in place taking on further NHS patients. The Dental Access Centres are advertised to callers to the Dental Helpline.

**Recommendation 4.1**

There is some growth money coming into dentistry with the new contract and this will be available to the PCTs to develop local services. Anticipated budgets have been made known to PCTs and are currently being validated.

**Recommendation 4.2**

The allocation of funding to PCTs will be based on historical spend as dentists who are providing NHS services can expect the same amount they currently access. In time, it is expected to move this towards a weighted population allocation. This will have to be on a basis of planned pace of change.

**Recommendation 4.5**

The options for change pilot practices report that the new contract is much improved in reducing the processes for payment. The contract is especially designed to encourage preventative work and not piece work, as is currently the case.