

Health Select Committee

NHS Dentistry in Stockton Borough



November 2006

Health Select Committee
Stockton-on-Tees Borough Council
Municipal Buildings
Church Road
Stockton-on-Tees
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Contents

	Page
Committee Membership.....	4
Acknowledgements.....	4
Original Brief.....	6
1.0 Executive Summary.....	8
2.0 Introduction.....	12
3.0 Background	
National Context.....	12
Local Context.....	14
4.0 Evidence / Findings	
Contract Negotiations.....	18
Securing Additional Capacity and Retaining Vocational Trainees.....	19
Mobile Dental Facility.....	20
Securing Dental infrastructure.....	21
Finance.....	21
Fluoridation.....	22
Public / Patient views.....	25
5.0 Conclusion.....	27
Recommendations.....	28
Glossary.....	30

HEALTH SELECT COMMITTEE – MEMBERSHIP

Councillor Mrs Womphrey (Chair)
Councillor Dixon (Vice-Chair)

Councillor Mrs Apedaile
Councillor Baker (from 24.7.06)
Councillor Coombs
Councillor Frankland (until 24.7.06)
Councillor Harrington
Councillor Miss Inman (from 24.7.06)
Councillor Lupton
Councillor Mrs Nesbitt
Councillor Noble (until 24.7.06)
Councillor Mrs Robinson
Councillor Roberts
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ACKNOWLEDGEMENTS

The Committee thank the following contributors to this review.

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Mr A Hide (Practitioner – Stockton Town Centre, Secretary of LDC),
Mr P Woodhouse (Dentist),
Mr P Avery (Dentist – Billingham),
Mr N Schneider, Director of Development and Neighbourhood Services, SBC
Mr A Glossop, Planning Officer, SBC
Mrs E Chapman, Chair, North Tees Primary Care PPI Forum
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NHS Dentistry in Stockton Borough

Original Brief

What are the main issues?

There are no NHS dentists within the Stockton Borough who are currently accepting new patients and two practices have recently withdrawn from, or reduced provision of services within the NHS.

The Thematic Select Committee's overall AIM in doing this work is:

To explore if alternative ways can be found to provide affordable dentistry in the borough.

The main OBJECTIVES are:

Examine the changes to NHS dentistry introduced from 1 April 2006. Explore dentist provision elsewhere.

The possible OUTPUTS (changes in service delivery) are:

Increase availability of NHS dentistry provision and improve access to services.

The desirable OUTCOMES (benefits to the community) are:

The continuation of preventative dental care especially for people on low income or elderly people on low, fixed incomes.

What specific value can scrutiny add to this topic?

Has the opportunity of involving all interested parties to formulate innovative approaches to address this issue.

Who will the panel be trying to influence as part of their work?

Dentists. Health Commissioners. NHS. Central Government

Who can provide us with further relevant evidence?

Dentists, general public. Local Dental Committee, Tees Dental Advisors, Consultant in Dental Public Health, CD&TV SHA, Dental Member of the North Tees PCT Professional Executive Committee.

1.0 Executive Summary

- 1.1 The Committee believes that the new NHS dental contract has failed to support a more preventative approach to ensure oral health care and that its application in Stockton Borough shows how unlikely it is that the Government's aim of improving access will succeed without the imaginative solutions being planned by the local primary care trust.
- 1.2 From 1 April 2006 Stockton Borough residents found a number of dentists only catered for private patients having previously provided an NHS service. The problem was compounded by the remaining dentists in the borough no longer accepting new NHS patients.
- 1.3 The cause of the change was due to the introduction of a new contract for dentists which also implemented a new charging scheme for patients. Nationally, dentists objected due to workload pressures, an inability to prioritise their provision of NHS services and increased administration.
- 1.4 A higher proportion of adults and children were registered with an NHS dental practice in the North Tees PCT area than was the national average which could be seen to exacerbate the issue that subsequently received a lot of local press coverage.
- 1.5 Stockton-on-Tees Borough Council's Health Select Committee was concerned about the effect the changes to dentist contracts and the high profile this received in the media and decided to investigate the issues in the hope of finding possible solutions that would increase NHS dentistry provision and improve access to services, especially the continuation of preventative dental care for people on low income or elderly people on low, fixed incomes.
- 1.6 The Committee learned of the many innovative approaches that the PCT has or is planning to introduce to:
- Retain as many practices as possible in the NHS
 - Invest in and increase capacity within practices that remained committed to the NHS
 - Develop new services to meet local needs
- 1.7 The Committee commends the PCT for the effort it has given and was impressed by the variety of options that was shown to develop new services to meet local needs such as:
- Securing additional capacity
 - Retaining Vocational Trainees
 - Securing the dental infrastructure
 - Using non-recurring funding and monies freed from non-renewed NHS contracts
- 1.8 The PCT was successful in bidding for one of two mobile dental facilities made available from the Dental Practice Board. The Committee considered that this is an opportunity to address concerns raised by patient and public representatives who stated that elderly residents are anxious about transport to and from dentist premises.
- 1.9 The Committee recommends that target areas and patient groups with an identified need are priority groups requiring access to the mobile dental facility purchased by the PCT. Particular consideration should be**

given to areas of high density of elderly people especially where NHS provision has been removed or locations of nursing care homes.

- 1.10 The Committee was concerned that any loss of access to NHS dentists would lower the standard of oral health in Stockton Borough residents. In addition, the new contractual arrangements provided less time for dentists to administer preventative care and advice.
- 1.11 The Committee supports the view of the Tees Oral Health Advisory Group that fluoridation of Stockton Borough's water supply would achieve a reduction in the incidence of decayed, missing and filled teeth in the borough's residents. Evidence of areas in the north-east that are ranked higher for social deprivation and that already benefit from fluoridated water show a marked reduction in oral problems of 5-year olds.
- 1.12 The Water Act 2003 removed the water suppliers' right to refuse to fluoridate water if a strategic health authority requested an increase in the fluoride content of the water in a specified area. The total cost of water fluoridation is borne by the NHS.
- 1.13 The Committee recommends that the North East Strategic Health Authority undertake consultation in Stockton Borough in the financial year 2007-8 to determine the level of local support for the introduction of fluoridation to the borough's water supply.**
- 1.14 The Committee also learned of Sedgefield PCT's involvement in an international project that is providing fluoridated milk scheme that is attempting to tackle the problem of poor oral health in children of primary school age.
- 1.15 The Committee recommends that North Tees PCT, where appropriate, address the balance between the provision of treatment and prevention services, particularly initiatives that optimise childrens' exposure to fluorides.**
- 1.16 It is important that children learn how to ensure good oral health and any support for this should be easily available. The Committee learned that from May 2006 Department of Health changes to consent for School Dental Inspections is having an effect on the level of support provided by the Tees Community Dental Service (CDS).
- 1.17 Before the academic year 2007-08 the Committee recommends that the Stockton-on-Tees Children's Trust, in participation with North Tees PCT maximise the uptake of school dental screening and dental surveys by incorporating dental consent within the health consent forms used at the beginning of childrens' school careers.**
- 1.18 Throughout the review the Committee was concerned with a lack of publicity and awareness of the changes to NHS dental provision. A public education campaign was to take place during September and October. Whilst it welcomes this strategy the Committee questions whether it comes too late but Members want to be supportive in providing the PCT with opportunities to inform Stockton Borough residents.
- 1.19 The Committee recommends that Stockton-on-Tees Borough Council assist the PCT to publicise issues about NHS dentistry through its**

publications, in particular Stockton News which is delivered to every house in the borough.

- 1.20 The Committee is aware that the Council has relationships with many and various community and voluntary groups. It is recommended that the Council officers with links to such groups provide the Head of Primary Care, North Tees PCT with contact information to target those groups in order to publicise dentistry issues.**
- 1.21 The Patient Advice and Liaison Forum and the North Tees Patient and Public Involvement Forum raised the concern of transport to and from dentist premises especially for older people. The Committee thinks that this matter should be considered by public transport providers.
- 1.22 The Committee recommends that the Community Lynx 'demand responsive' bus service serving the Borough's rural communities advertises access to dental practices as part of its health care remit.**
- 1.23 The Committee recommends that Stockton-on-Tees Borough Council's Integrated Transport Environmental Policy Unit provide the Committee with an accessibility map to identify available bus transport to dental practices in the borough.**

2.0 Introduction

- 2.1 On the 13th January 2006 the Evening Gazette reported that "...Thousands of worried patients were left without an NHS dentist after a Teesside surgery switched to private care and slashed its list." The Stockton-on-Tees practice had reacted to the plans that have since been introduced that changed the contractual arrangements of NHS dentists and altered the level of charges paid by NHS dental patients.
- 2.2 Stockton-on-Tees Borough Council's Health Select Committee was concerned with such a negative news report and that there were no NHS dentists within the Stockton Borough accepting new patients.
- 2.3 Examining the changes to NHS dentistry introduced from 1 April 2006 and exploring dentist provision elsewhere the Health Select Committee hoped to increase availability of NHS dentistry provision and improve access to services especially the continuation of preventative dental care for people on low income or elderly people on low, fixed incomes.
- 2.4 The Committee met with a variety of dental professionals as well as public and patient representatives to determine how all interested parties were adapting to the new contractual arrangements.

3.0 Background

3.1 National Context

- 3.11 A new Dental Contract was introduced on 1 April 2006 with the intention of providing better access for all to high quality services whilst introducing a new charging system. It changed the previous fee per item system, where dentists' remuneration was based on each individual treatment - a filling, a crown, etc. The maximum fee for a single course of treatment was £384.
- 3.12 From 1 April 2006 the maximum charge for a complex course of treatment was reduced to £189 with the introduction of a simplified charging regime for NHS dental treatment. The following provides highlights of the new contractual arrangements:
- Patients no longer need to register with a dental practice.
 - Charges - For patients who receive free dental treatment as they are exempt from paying, this will remain the same. For those patients who pay for treatment there are 3 standard charges for NHS treatment from £15.50 to £189.00. The amount paid depends on the treatment needed and is outlined below:

DENTAL CHARGES

	<u>NHS</u>
Examination, diagnosis and preventative care. If necessary, this will include x-rays, scale and polish, and planning for further treatment plus urgent and out-of-hours care.	£15.50
As above plus additional treatment such as fillings, root canal treatment or extractions.	£42.40
All treatment covered by both of the above plus more complex procedures such as crowns, dentures or bridges.	£189.00

- Prescriptions - No charge for writing a prescription (usual charges apply when taking the prescription to the chemist) or for removing stitches.
 - Dentures - Repairs to dentures remain free of charge.
- 3.13 Dentists are no longer monitored on fee per item, but on a points per band system instead. The points have been named Units of Dental Activity (UDA) and the band is the new patient charges scheme. Units of Dental Activity make up the overall activity level required by an individual dental contractor in return for an agreed annual contract value, to be agreed between the dentist and the primary care trust.
- 3.14 The new banded dental charges system provides the basis for monitoring activity under general dental service (GDS) contracts and personal dental service (PDS) agreements in terms of banded courses of treatment.
- 3.15 The evidence of PDS pilots, where remuneration was not based on fee per item, was that dentists provide fewer and simpler interventions within each course of treatment. This allows dentists to spend more time with patients, adopt a more preventive approach to patient care and better manage their work load.

British Dental Association

- 3.16 The British Dental Association (BDA), representing 20,000 dentists, is the main professional association and trade union for dentists in the U.K. The BDA gave its view on the new contract which was not published for consultation, merely for information. The proposed contracts instigated the biggest reform to NHS dental services since 1948, and the BDA was intent to give its views even though they were not solicited.
- 3.17 The profession's key objections to these proposals were:
- **Workload:** the proposals would do nothing to alleviate the workload of NHS dentists and remove the flexibility to work at the pace of their choosing;
 - Dentists, whose practices rely on income from private practice to support their NHS service, would no longer be able to **prioritise their provision of NHS services** to those patients most in need of them, namely children and adults who would not be able to afford a private alternative;
 - **Patient choice of treatment:** the rules on allowing patients to receive a combination of NHS and private care would become less transparent than existed;
 - Scarce NHS resources would be wasted because dentists would not be permitted to make a small charge to **discourage missed appointments**;
 - The burden of **increased administration** and other non-clinical tasks on NHS dentists would increase without any recompense; and
 - There would be a negative impact on **business continuity** and the very nature of dentists' independent contractor status.
- 3.18 As a result, nationally 2,798 contracts were initially signed in dispute, a third of all contracts offered to dentists and dental practices in England. The outcome of an appeals procedure will determine how many dentists will decide to stay in the NHS.

3.2 Local Context

- 3.21 Teesside is an area of high material and social deprivation and as with other chronic diseases the population has increased oral health needs. The dental disease experienced in five year old children is significantly higher in North Tees than the national average. The decayed, missing and filled teeth (dmft) index is 2.01 in North Tees compared to 1.49 nationally (BASCD (British Association for the Study of Community Dentistry) data 2003/4).
- 3.22 Figure One shows the distribution of disease in the census survey of five year old children in 1999/2000. It can be seen that there are significant inequalities in oral health.
- 3.23 This disease distribution closely mirrors deprivation data for the PCT see Figure Two.

Figure One - North Tees Average DMFT Scores by Ward and Quintiles (1999/2000)

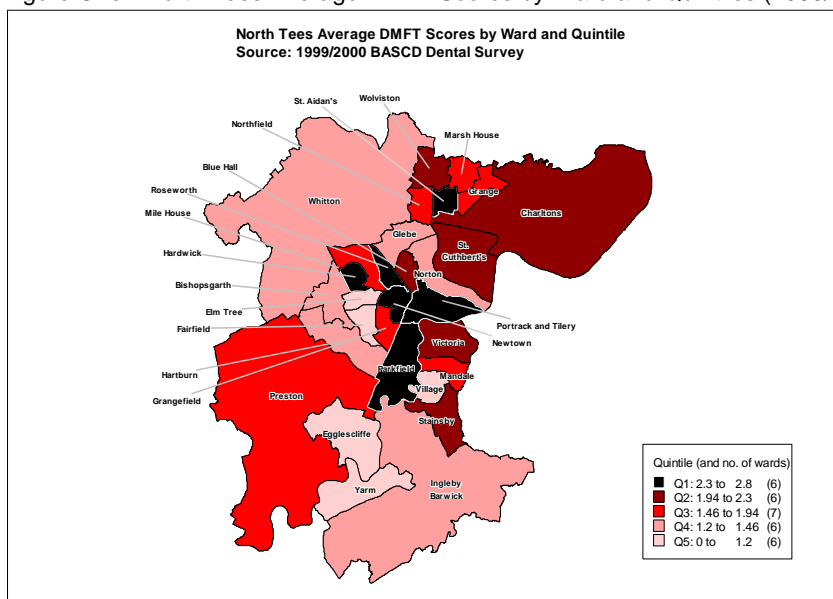
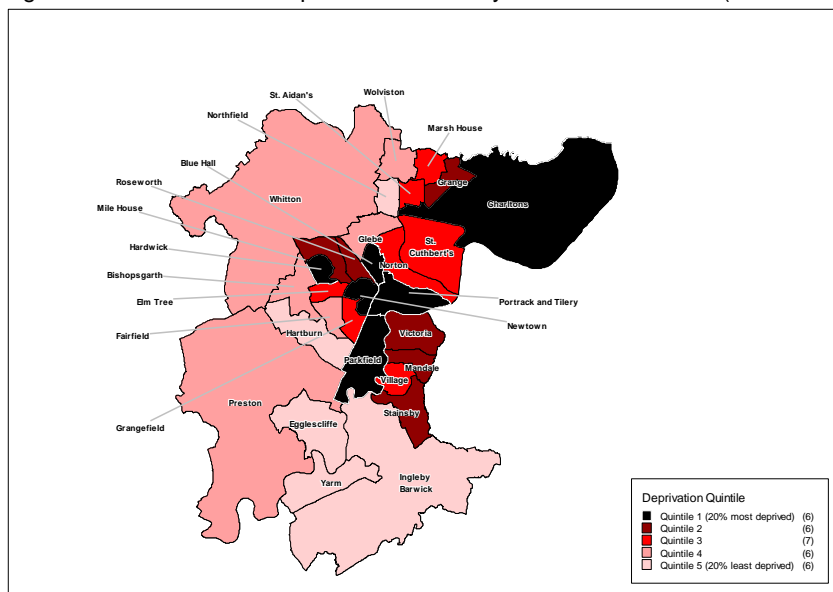
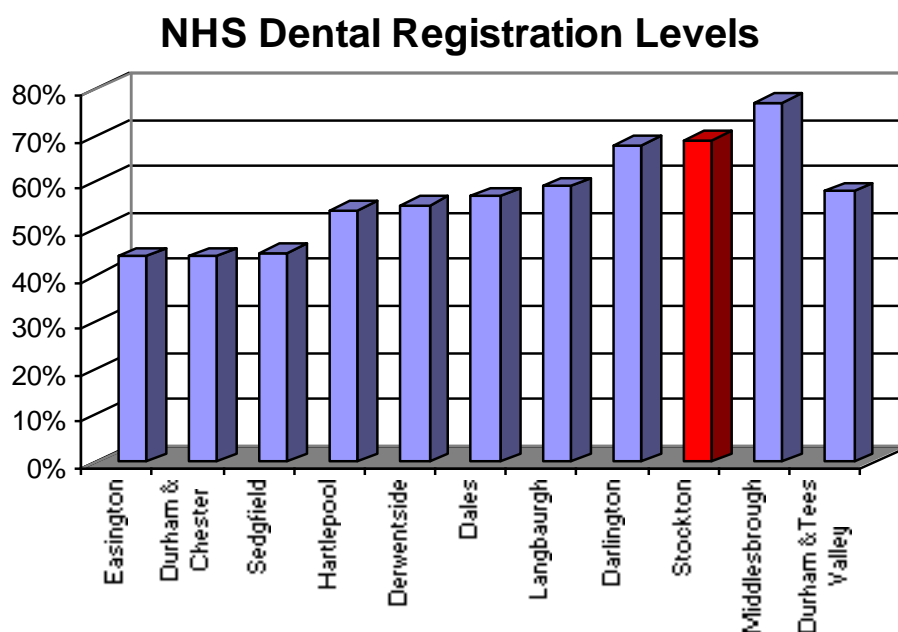
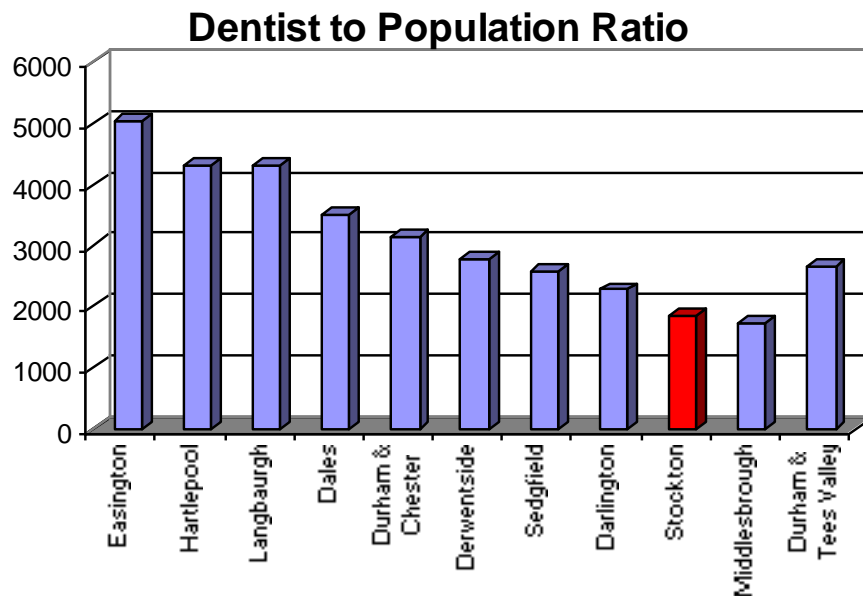


Figure Two - North Tees Deprivation Scores by Ward and Quintiles (Index of Multiple Deprivation 2004).



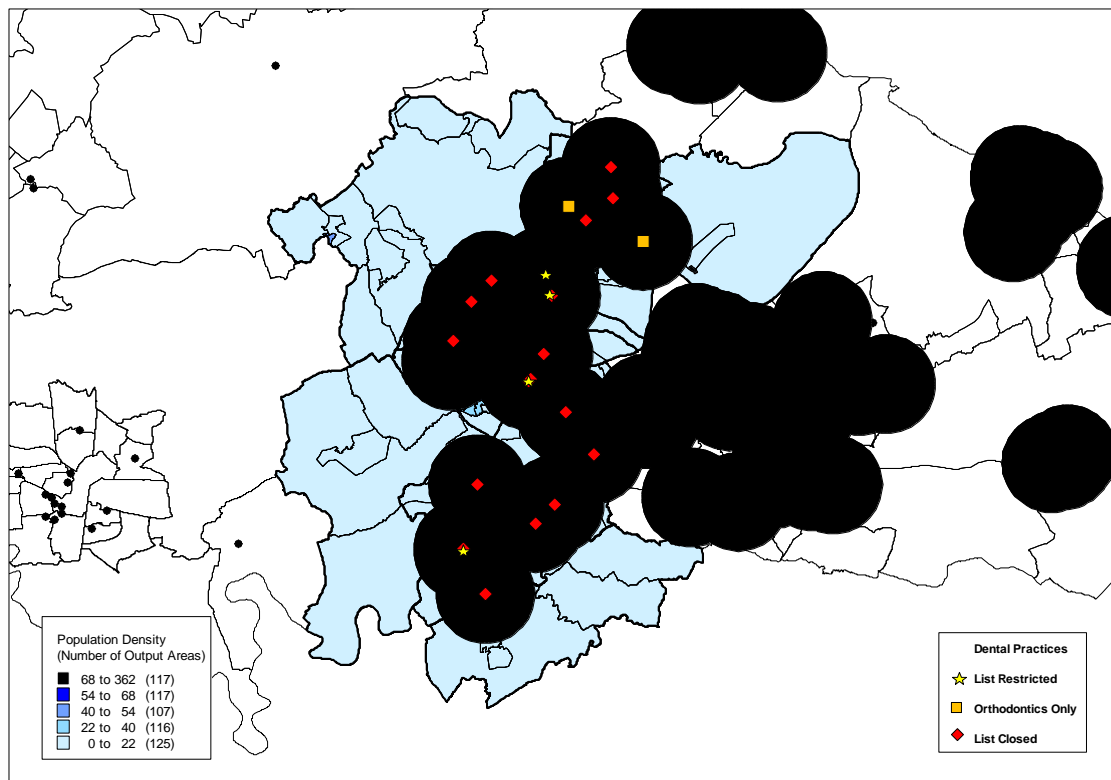
Accessibility and Availability of Dental Services

- 3.24 Local NHS dental registration rates in general dental services (GDS) and personal dental services (PDS) in Teesside have always been higher than the national average.
- 3.25 Malcolm Smith, Dental Adviser, Tees Primary Care Trusts provided the following tables to show the level of dental provision throughout the Tees Valley and neighbouring local authority areas.



- 3.26 63% of adults compared with 45% nationally and 83% of children compared with 64% nationally are registered with an NHS dental practice in North Tees PCT. The total number of registrations for adults (89,896) and children (36,071) was 125,967 as at 31st March 2006.
- 3.27 Figure 3 shows the distribution of the NHS dental services in North Tees. It can be seen that there is an even spread of services across North Tees PCT. One mile buffer zones have been placed around the practices to demonstrate that the majority of the population has easy physical access and minimum travelling distances to access a NHS dental practice.

Figure Three- Population density map showing locations of dental practices in North Tees PCT and 1 mile buffer zones demonstrating travelling distances.



4.0 Evidence/Findings

- 4.1 PCTs were given the responsibility for primary dental services in the Health and Social Care Act 2003. This means they now have a legal obligation to ensure the delivery of high quality dental services to meet all reasonable requirements within their area. The Committee therefore benefited from having links with, and access to, officers from North Tees PCT. Jill Harrison, Head of Primary Care, and Liz Hegarty, Director of Healthcare Governance and Primary Care, provided the Committee with information and evidence throughout this review.
- 4.2 The Committee learned that entering into the contract negotiations, the PCT had identified three priorities:
- To retain as many practices as possible within the NHS.
 - To invest in and increase capacity within practices that remained committed to the NHS
 - To develop new services to meet local needs.

Contract Negotiations

- 4.3 Following the introduction of the new contract, a number of practices reduced their NHS commitment or withdrew from the NHS entirely:
- The Dental Healthcare Centre, Fairfield – withdrew from the NHS entirely from 1 April 2006.
 - Taggart & Stokes, Central Stockton – ceased to provide NHS care to adults from 1 April 2006. Fixed term PDS contract agreed for children only.
 - High Street Dental Centre, Norton – ceased to treat adults within the NHS from 1 August 2006. Fixed term PDS contract agreed for children only.
 - Zaranko, Billingham – NHS commitment reduced during the reference period. NHS contract agreed for orthodontics only.
 - Enhance Dental Care, Yarm – NHS commitment reduced during the reference period. NHS contracts agreed for children and orthodontics.
- 4.4 Contracts have been negotiated with twenty three existing practices on a largely like for like basis (with agreed adjustments to reflect changes since the reference period). The contracts included nineteen covering the full range of NHS services (eighteen GDS and one PDS), four relating to limited services (child only, orthodontic only etc) and one for a specialist anxiety management sedation service. PDS contracts for those practices providing limited services were offered on a two year fixed term basis with review after twelve months to afford the PCT maximum flexibility to recommission services in the future but in the short term to retain as much NHS capacity as possible.
- 4.5 Three contracts were signed in dispute regarding UDAs and one regarding the wording of the national contract. These were all considered by the local disputes panel, which found in favour of the PCT on all counts. One dispute has since been resolved, negotiations are still in progress with two practices and one is currently with the NHSLA (National Health Service Litigation Authority).
- 4.6 Monthly monitoring templates have been developed so that practices are able to submit their own performance information to the PCT on a regular basis. This, along with data from the Business Services Authority (which encompasses the former Dental Practice Board) now allows the PCT to

monitor performance of individual practices, and the PCT against UDA targets throughout the year, and highlight any issues and concerns. Six monthly monitoring meetings will be held with all practices.

- 4.7 The Committee commends the PCT for the effort that it has shown in ensuring that NHS provision is to continue following the contract negotiations it has undertaken with the dentists in the borough. It is regrettable that no solution could be found to the closure of access to NHS dentists to new patients. The Committee would like to see the continuation of dialogue between the parties in order to overcome this problem that has caused so much concern to residents.
- 4.8 The Committee was impressed by the way in which the PCT has considered other options to overcome this issue which are highlighted below.

Securing Additional Capacity and Retaining Vocational Trainees (VTs)

- 4.9 New or recent graduates from UK dental schools must complete one year's programme of vocational training to be eligible to hold a Health Board list number. This list number allows dentists to work as associates or principals in NHS general dental practice.
- 4.10 The aims of dental vocational training are:
- To introduce trainees to General Dental Practice in a structured and supervised manner;
 - To enable personal strengths and weaknesses to be identified and built upon through a planned programme of training;
 - To enable trainees to practise and improve skills free from undue financial pressure;
 - Continue the development of professional skills and encourage postgraduate education.
- 4.11 The objective of VT is that by the end of the training the trainee can progress to principal- thus practising without supervision.
- 4.12 The Committee heard that in order to aid forward planning and give practices some stability, it was seen as a priority to pre-commit funding to enable VTs to be kept on in local practices from August 2007 if possible and funding of £340K (part year effect) has been set aside to fund the five full time VTs who will complete their training during 2007/08. This has been seen as a very positive development by the practices concerned as such guarantees are not available in other areas and it is seen as important to recruit and retain home-grown dentists if at all possible.
- 4.13 The Committee also heard that all dental practices were invited to submit development bids to increase capacity within existing dental practices where this was practicable. The PCT approved development bids for five practices and £500k funding was allocated. Three vacancies were also approved.
- 4.14 Development funding was offered at the practice UDA value in all cases other than those where the practice value was below the PCT average, in which case the PCT average was offered. This strategy was employed to ensure that there was a move to more equitable distribution of funding in the future, while recognising that practices with values above the average would not take on additional funding at a lower rate.

- 4.15 Following the agreement of these developments, the PCT had £900K remaining in 2006/07. £700K is available on a non-recurrent basis as it is committed from 2007/08, £200K is available on a recurring basis.
- 4.16 There are four practices within the PCT that have increased their physical capacity within 2006/07 in order to take on additional dentists and improve access. Two of these practices have developed additional surgeries to accommodate VTs from August 2006 and two practices are moving to new premises and have approached the PCT to request financial support for taking on additional space and equipping surgeries which will enable two full time dentists to be in post within the current financial year – anticipated completion date of 1 January 2007 for both developments.
- 4.17 The PCT has requested information from these practices regarding costs of expansion and will be making a contribution to these costs. Funding will be offered based on level of NHS commitment and repayment will be required if NHS commitment is not maintained.

Mobile Dental Facility

- 4.18 The PCT purchased a mobile dental facility from the Dental Practice Board (DPB) (at a cost of £15K, plus approximately £15K for refurbishment and equipment) and is also considering utilising unused surgery space within existing practices (at a potential cost of £10-15K for refurbishment).
- 4.19 Two potential salaried GPs met with the PCT in August, and are available to work in the area from September. This has yet to be confirmed (formal recruitment process to be followed including references, salary to be agreed etc) but subject to agreement of terms appointments will be made based on an initial twelve month contract.



Examples of a mobile dental facility

- 4.20 The intention is to use the mobile facility to increase access for more isolated populations. e.g. Stillington and surrounding villages and in areas of particularly high deprivation e.g. Port Clarence.
- 4.21 When the Committee met patient representatives (for more detail see page 22) it was made aware that elderly residents are concerned about transport to and from dentist premises. The introduction of a mobile dental facility has the possibility of addressing the concerns raised by locating the facility close to areas of greatest need and high density of elderly people. The ability to deliver NHS dentistry in this way would also alleviate financial concerns of people on low, fixed incomes.
- 4.22 The Committee recommends that target areas and patient groups with an identified need are priority groups requiring access to the mobile dental facility purchased by the PCT. Particular consideration should be**

given to areas of high density of elderly people especially where NHS provision has been removed or locations of nursing care homes.

Securing Dental infrastructure

- 4.23 The PCT recently secured the lease for a dental facility located within one of the GP practices in Ingleby Barwick, which is suitable for use as a single handed dental practice. A salaried GDP will use this space if a suitable candidate is identified. Alternatively, the opportunity will be advertised openly.
- 4.24 The PCT is also exploring the possibility of using space within PCT owned health centre accommodation to develop additional surgery space. The Head of Estates is currently reviewing where space may be available for this, and clarifying the likely timescales and financial implications of any such developments.
- 4.25 If space is identified and funding can be secured recurrently, this would result in the opportunity to develop a new 2 dentist practice being advertised. The PCT is already aware of dental practices within the borough that would be interested in this opportunity and have been approached by several corporate bodies regarding development proposals within the locality.
- 4.26 Dental premises were a major concern of dentists who attended Health Select Committee meetings. They were concerned that not enough support was forthcoming from Stockton-on-Tees Borough Council's planning officers to allow growth of their businesses which could restrict accessibility and availability of services for patients.
- 4.27 The Committee took evidence from Neil Schneider (Director of Development and Neighbourhood Services) and Andrew Glossop (Planning Officer) regarding opportunities for dental practices to expand or move to larger premises within the borough. Mr Schneider informed members that there were many factors to be considered when looking at placing dental and health practices within the borough but each case is assessed on its own merits. Mr Schneider also indicated that his team is able to provide advice to dental practices on suitable/desirable locations that could be available within the Borough. The Committee was pleased with the way in which the Planning Team is able address the concerns of dentists on an individual basis and recognised that not all requests could be met but every effort was made to find acceptable compromises if required.

Finance

- 4.28 North Tees PCT was allocated a gross dental budget of £10.4M (£7.3M net of patient charge income) for 2006/07.
- 4.29 Following the introduction of the new contract, a number of practices reduced their NHS commitment or withdrew from the NHS entirely. The changes resulted in funding of £1.4M being freed up within the PCT in 2006/07 to recommission dental services.
- 4.30 In 2006/07 the PCT will be investing on a non recurring basis in areas where PCR will not be generated. A shortfall in the region of £200k is forecast. The PCT expects this to be made good in 2007/08 when the appropriate infrastructure is in place.

- 4.31 The PCT is also expecting an additional pressure of £50k in respect of the Out of Hours Service, once again these issues will be resolved for 2007/08.
- 4.32 The PCT is forecasting a breakeven position on the net dental budget for 2006/07.

Use of Non-Recurring Funding in 2006/07

- 4.33 Additional access sessions have been funded with two local practices, and there are others that may be interested in offering additional access sessions for non-registered patients in the short term. This is currently being explored.
- 4.34 Non-recurring funding has been made available to practices in 2006/07 to contribute towards amalgam separators, equipment, improving facilities and bringing practices up to the required standard. Funding has been made available based upon percentage NHS commitment per practice and will be repaid if practices withdraw from the NHS within an agreed time period.
- 4.35 There is currently a waiting list within the PCT for access to sedation services. Non-recurring funding will be used in 2006/07 to purchase additional sedation capacity to address this.
- 4.36 The PCT is working through two proposals to establish pilots for Dentists with a Special Interest – one focusing on providing services to substance misusers and one providing oral surgery in a primary care setting.
- 4.37 In addition to these planned developments, the PCT is also considering commissioning additional activity for North Tees patients from practices in neighbouring PCTs that have spare capacity (following a recent approach from one practice) and exploring closer working with the Community Dental Service.

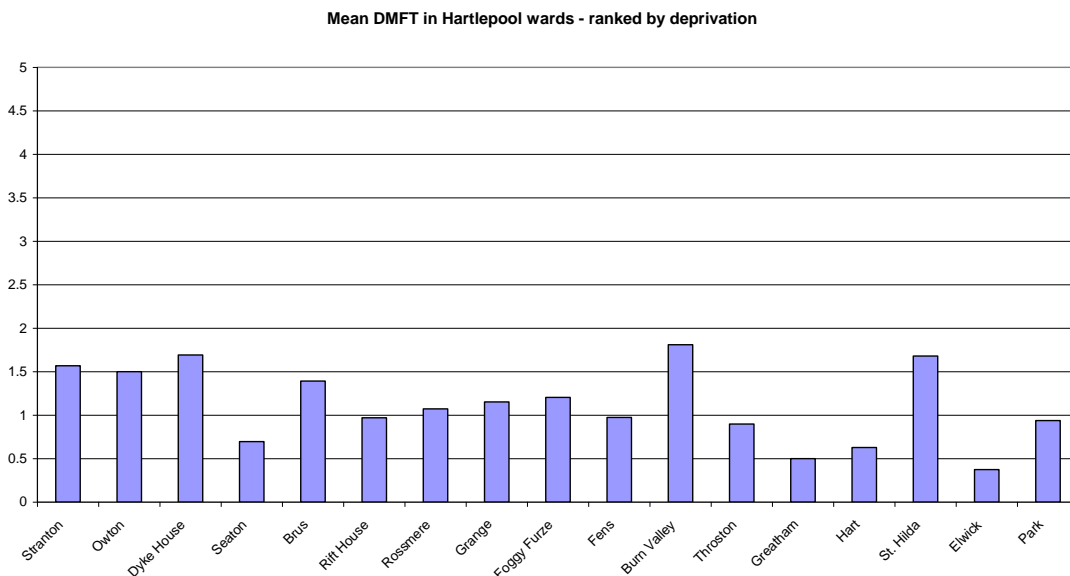
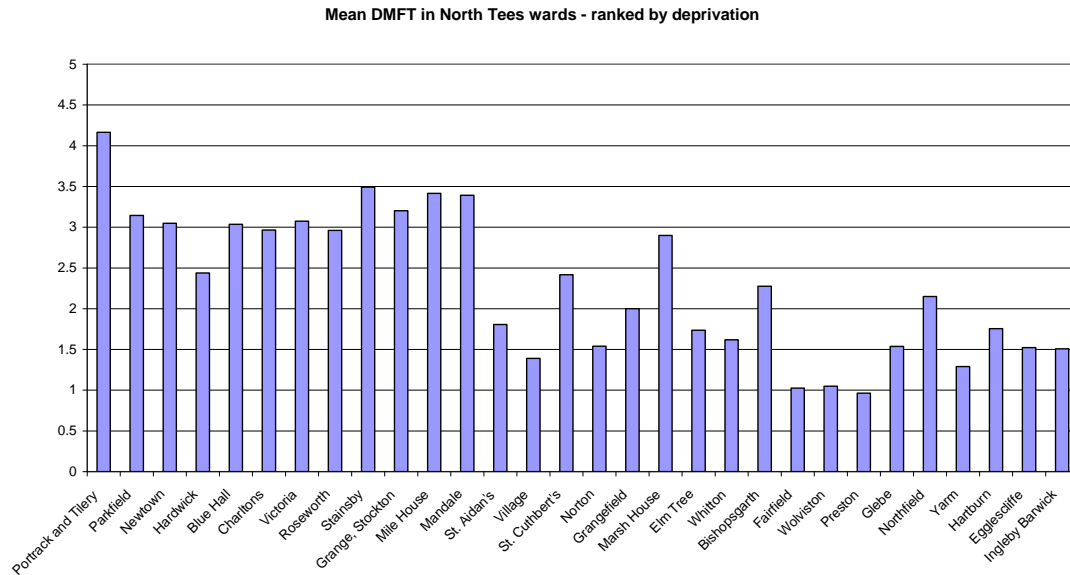
Future Commissioning Decisions

- 4.38 Work has recently started on a Teeswide Oral Health Needs Assessment, which will include public health information and identify priority areas for investment in future years. This document will inform future commissioning intentions for North Tees PCT and the other three PCT's. The Committee would welcome receiving updates from this assessment in order to maintain an overview of oral health care and needs in Stockton Borough.

Fluoridation

- 4.39 The Committee was concerned that any loss of access to NHS dentists would lower the standard of oral health in Stockton Borough residents. Members therefore determined to examine preventative care that could assist residents. Evidence provided by Kamini Shah, Consultant in Dental Public Health, argued for the introduction of fluoride in the water supply.
- 4.40 The current Oral Health Strategy compiled by the Tees Oral Health Advisory Group stated that..."there is a need to educate the lead groups and the public, on the efficiency, safety and effectiveness of fluoridation in the promotion of oral health (page 5).

4.41 Ms Shah informed the Committee that Hartlepool benefits from the natural fluoridation of its water which when comparing the oral health of Hartlepool residents in the more deprived wards they are comparable with the more affluent wards in Stockton Borough. The introduction of artificial fluoridation to Stockton's water supply would help achieve a reduction in the incidence of decayed, missing and filled teeth in the borough's residents.



4.42 Information published by the British Fluoridation Society in April 2006 below shows the state of oral health of 5-year olds in the north-east on the basis of availability to fluoridated water and provides a relationship to the level of deprivation in each Primary Care Trust area.

PCT/NHS Board and position in league table		Av dmft / 5-year old	% of 5-year olds free of tooth decay	Rank of PCT for social deprivation (1 = least deprived)	% of pop. with fluoridated water
79=	Hartlepool	1.06	66.6	250	100
100=	Northumberland	1.16	65.2	160	33
111=	Gateshead	1.20	62.6	230	100
126=	Newcastle	1.26	60.1	237	100
129=	North Tyneside	1.28	62.4	183	100
176=	Durham & Ch-le-St	1.68	55.6	138	0
182=	South Tyneside	1.72	52.2	228	0
185	Sunderland	1.75	54.9	234	0
190	Darlington	1.80	57.7	174	0
220	North Tees	2.01	49.0	185	0
242	Easington	2.14	47.1	261	50
246=	Sedgefield	2.16	46.5	206	0
263	Durham Dales	2.30	46.6	194	0
270=	South Tees	2.38	47.6	246	0

4.43 North Tees and North Tyneside are very closely positioned in regard of social deprivation ranking (185/183) but North Tyneside benefits from fluoridated water. North Tyneside is 91 places above North Tees in the league table. Hartlepool (141 places higher) has 5-year olds with almost half the amount of decayed/missing/filled teeth than 5-year olds in the North Tees area and almost 20 per cent more are free of tooth decay (66.6%/49%).

4.44 The Committee is aware that the issue of artificial fluoridation being added to a water supply can engender opposition and has met with resistance from Northumbria Water in the past. Water suppliers previously had the right to refuse to fluoridate water but this was removed in the Water Act 2003. Chapter 37, Part 3, Section 58: Fluoridation of water supplies states that:

“If requested in writing to do so by a relevant [strategic health] authority a water undertaker shall enter into arrangements with the relevant authority to increase the fluoride content of the water supplied by that undertaker to premises within the area specified in the arrangements.”

“...so far as reasonably practicable, the concentration of fluoride in the water supplied to premises in the specified area is maintained at the general target concentration of one milligram per litre (same as 1 part per million (1ppm)).”

4.45 Therefore, in England local strategic health authorities are responsible for deciding whether fluoride should be added to the water supplies consumed by their populations. If formal consultation demonstrates local support, the strategic health authority may then request the relevant water supplier to make the necessary technical arrangements. The total cost of water fluoridation is borne by the NHS.

4.46 The Committee recommends that the North East Strategic Health Authority undertake consultation in Stockton Borough to determine the level of local support for the introduction of fluoridation to the borough’s water supply.

- 4.47 The Committee also learned of Sedgefield PCT's involvement in an international project that is providing fluoridated milk scheme that is attempting to tackle the problem of poor oral health in children of primary school age. Seven schools in the Sedgefield area have been targeted by the PCT where more than two thirds of the children had experience of dental disease. Parents were offered the choice of their children been given fluoridated milk with the aim of trying to improve their children's oral health. Fluoridated milk is ordinary whole milk with 0.5mg of fluoride added to a 189ml carton, which is the amount needed to strengthen teeth against decay.
- 4.48 The Committee recommends that North Tees PCT, when appropriate, participate in initiatives that introduce or increase children's access to fluoride such as that undertaken by Sedgefield PCT.**
- 4.49 It is important that children learn how to ensure good oral health and any support for this should be easily available. The Committee learned that from May 2006 Department of Health changes to consent for School Dental Inspections is having an effect on the level of support able to be provided by the Tees Community Dental Service (CDS).
- 4.50 The guidance that previously existed, issued by the former NHS Management Executive in May 1992, implied that it was acceptable to rely on negative consent (parental non-return of forms understood to be parents having no objection to their child/children being seen by a school dentist) for dental surveys. This guidance should no longer be followed. The Department of Health and the Department for Education and Skills are expected to discuss how this issue is to be resolved that would allow parental consent to be incorporated into school entry procedures.
- 4.50 Evidence from Ms Shah and Dr Breckon, Clinical Director, Tees Community Dental Service, showed that approximately 40 to 50 per cent of parents have given consent to the School Dental Service compared with 90 per cent to the School Nurse Service.
- 4.51 Before the academic year 2007-08 the Committee recommends that the Stockton-on-Tees Children's Trust, with North Tees PCT maximise the uptake of school dental screening and dental surveys by incorporating dental consent within the health consent forms used at the beginning of childrens' school careers.**

Public / Patient views

- 4.52 The Committee was keen to take evidence from the public and patients and was assisted by the dental practices in the borough who each were supplied with a small poster publicising the review of NHS dentistry.
- 4.53 No individual representations were made to this review. The Committee had identified at the outset that it wanted to offer the North Tees Public and Patient Involvement Forum (PPIF) and the Patient Advice and Liaison Service (PALS) an opportunity to give evidence.
- 4.54 Amongst the services PALS provide these include:
- information on the NHS and health related matters
 - confidential assistance in resolving problems and concerns quickly

- information on and explanations of NHS complaints procedures and how to get in touch with someone who can help.
 - a focal point for feedback from patients to inform service developments
 - an early warning system for NHS Trusts, Primary Care Trusts and Patient and Public Involvement Forums by monitoring trends and gaps in services and reporting these to the trust management for action.
- 4.55 Mary Shepherd informed the Committee that PALS had been inundated by people contacting the service about the changes to NHS dentistry provision. Between April 2006 when the new contract arrangements began and July 2006 PALS (for which Mrs Shepherd is the only employee) had been contacted 955 times.
- 4.56 Particular strain was put on the PALS service due to, what the Committee believes was a lack of publicity that could have clarified the position for the general public of dentists under the new contractual arrangements. Mary Shepherd stated that the PCT had produced a leaflet to explain the situation and costs and that posters were available in dental surgeries.
- 4.57 In addition, six-monthly dental check-ups had been customary in the since the inception of the NHS. In recent years there was debate over the timing of recall intervals for dental check-ups, and this has coincided with a move towards making NHS dental services in England and Wales more oriented to prevention and more clinically effective in meeting patients' needs. Malcolm Smith, Dental Adviser, Tees Primary Care Trusts had previously informed the Committee that the new dentist contract has not provided the time nor the payment system to continue to provide preventative care. As a result, the six-monthly reminders have now stopped without patients being aware that this would happen.
- 4.58 The combination of these two actions could mean that adults are removed from an NHS dentists' list if individuals were unaware of the contractual arrangements and with no dental practices accepting 'new' adult patients individuals could find themselves removed from an NHS dentist by their non-attendance.
- 4.59 The Committee was made aware that a public education campaign was to take place during September and October. Whilst it welcomes this strategy it questions whether it comes too late especially following the press coverage this issue has had. Followers of this issue in the Evening Gazette and elsewhere are likely to be aware of the effects of the new contracts. The Committee wants to be supportive of any positive publicity that can assist Stockton Borough residents access NHS Dentists.
- 4.60 The Committee recommends that Stockton-on-Tees Borough Council assists the PCT to publicise issues about NHS dentistry through its publications, in particular Stockton News which is delivered to every house in the borough.**
- 4.61 The Committee is aware that the Council has relationships with many and various community and voluntary groups. It is recommended that the Council officers with links to such groups provide the Head of Primary Care, North Tees PCT with contact information to target those groups in order to publicise dentistry issues.**

4.62 Mary Shepherd informed the Committee that a large proportion of calls to PALS was from elderly residents who were concerned about transport to and from dentist premises and difficulty to meet the costs of dental care. Many felt that they now were required to register privately with a dental practice. Edna Chapman, Chair, and Ronald Atkinson from North Tees PPIF concurred that elderly people are particularly disadvantaged. Concern was raised that elderly people unsure of how to respond to losing access to their nearest NHS dentist would now go without regular treatment.

4.63 The Committee recommends that the Community Lynx ‘demand responsive’ bus service advertises access to dental practices as part of its health care remit.

4.64 The Committee recommends that Stockton-on-Tees Borough Council’s Integrated Transport Environmental Policy Unit provide the Committee with an accessibility map to identify available bus transport to dental practices in the borough.

5.0 Conclusion

5.1 The Committee believes that the new NHS dental contract has failed to support a more preventive approach to oral health care and that its application in Stockton Borough shows how unlikely it is that the Government's aim of improving access will succeed.

5.2 The Committee hoped at the beginning of this review to have been able to help find a resolution to the problem that residents have in accessing an NHS dentist locally. Unfortunately this has not been possible and the problem remains in place even though all interested parties are working hard to find alternative solutions.

5.3 A major concern was that the new contract arrangements impact on the level of preventative care that is available. As a result consideration was given to the issue of fluoridation of Stockton’s water supply. Evidence provided pointed towards its oral health benefits but this would need to be considered in light of residents’ views.

5.4 The Committee is pleased to have had an opportunity to speak to patient and public representatives and following the exchange of views regards the need for elderly people is as important in the planning of dental services as that available for younger residents.

5.5 Recognising the effort that officers in the PCT are giving, the Committee hopes that it and Council officers can give support in helping disseminate information and publicity for the PCT as it continues to overcome the issues highlighted in this review.

Recommendations

The Committee recommends that target areas and patient groups with and identified need are priority groups requiring access to the mobile dental facility purchased by the PCT. Particular consideration should be given to areas of high density of elderly people especially where NHS provision has been removed or locations of nursing care homes. (para 4.22)

The Committee recommends that the North East Strategic Health Authority undertake consultation in Stockton Borough to determine the level of local support for the introduction of fluoridation to the borough's water supply. (para 4.46)

The Committee recommends that North Tees PCT, when appropriate, participate in initiatives that introduce or increase children's access to fluoride such as that undertaken by Sedgfield PCT. (para 4.48)

Before the academic year 2007-08 the Committee recommends that the Stockton-on-Tees Children's Trust, with North Tees PCT maximise the uptake of school dental screening and dental surveys by incorporating dental consent within the health consent forms used at the beginning of childrens' school careers. (para 4.51)

The Committee recommends that Stockton-on-Tees Borough Council assist the PCT to publicise issues about NHS dentistry through its publications, in particular Stockton News which is delivered to every house in the borough. (para 4.60)

The Committee is aware that the Council has relationships with many and various community and voluntary groups. It is recommended that the Council officers with links to such groups provide the Head of Primary Care, North Tees PCT with contact information to target those groups in order to publicise dentistry issues. (para 4.61)

The Committee recommends that the Community Lynx 'demand responsive' bus service serving the Borough's rural communities advertises access to dental practices as part of its health care remit. (para 4.63)

The Committee recommends that Stockton-on-Tees Borough Council's Integrated Transport Environmental Policy Unit provide the Committee with an accessibility map to identify available bus transport to dental practices in the borough. (para 4.64)

	Glossary of terms
BASCD	British Association for the Study of Community Dentistry has been coordinating a series of surveys investigating the incidence and prevalence of cavity formation in teeth in UK children since 1985 / 1986
BDA	British Dental Association dentists' trade union representation
CD&TV SHA	County Durham and Tees Valley Strategic Health Authority North East Strategic Health Authority from July 2006. It manages the NHS locally and is the key link between the Department of Health and the NHS. It has a strategic role, which means it is responsible for developing plans for improving health services in the area and ensuring the high quality of those services is maintained
dmft	decayed, missing and filled teeth
DPB	Dental Practice Board the statutory body responsible for paying dentists for NHS treatment in England and Wales
GDS	General Dental Services delivers the bulk of NHS dentistry through High Street dental practices
LDC	Local Dental Committee the dentists' representative body
NHSLA	National Health Service Litigation Authority a Special Health Authority (part of the NHS), responsible for handling negligence claims made against NHS bodies in England
PALS	Patient Advice and Liaison Service provides advice, support and guidance to patients, their families and carers accessing NHS services
PCT	Primary Care Trust Free-standing statutory NHS body with responsibility for delivering health care and health improvements to their local areas. It commissions or directly provides a range of community health services as part of their functions
PDS	Personal Dental Services have piloted alternative ways of funding dentistry
PPIF	Patient and Public Involvement Forum volunteers in a local community helping patients and members of the public influence the way that local healthcare is organised and delivered
UDA	Unit of Dental Activity the means of measuring dentists' activity
VTs	Vocational Trainees new or recent graduates from UK dental schools undertaking supervised postgraduate training