



meeting **HEALTH SELECT COMMITTEE**

date **2 May 2006** **agenda item number**

Report of the Chair of the Health Select Committee

NHS Dentistry

Purpose of the report

1. To provide the Health Select Committee with an opportunity to consider the provision of NHS Dentists in Nottinghamshire.

Background

2. The Select Committee identified NHS Dentistry as an issue for Scrutiny at the meeting on 21 March 2006.
3. Since the meeting on 21 March 2006 NHS Dentistry has been the focus of local and national media attention, particularly concerning reforms that came into effect on 1 April 2006.

Issues

4. Research conducted during March 2006 indicated that there were 96 practices providing NHS dentistry in Nottinghamshire. Of the 96 practices providing NHS dentistry only a limited number of practices were registering new patients, across the County:
 - 7 dental practices were registering new charge paying adults for NHS treatment
 - 6 dental practices were registering new charge exempt adults for NHS treatment
 - 15 dental practices were registering new children aged 0-18 years for NHS treatment
 - 2 dental practices were providing occasional NHS treatment to non-registered patients
5. Nottingham City had 48 practices providing NHS dentists. Of the 48 practices providing NHS dentistry only a limited number of practices were registering new patients, across the City:
 - 15 dental practices were registering new charge paying adults for NHS treatment

- 17 dental practices were registering new charge exempt adults for NHS treatment
- 28 dental practices were registering new children aged 0-18 years for NHS treatment
- 13 dental practices were providing occasional NHS treatment to non-registered patients

6. NHS Dentists in Nottinghamshire registering new patients, by district:

	Practices registering new charge paying adults for NHS treatment	Practices registering charge exempt adults for NHS treatment	Practices registering children aged 0-18 years for NHS treatment	Practices providing occasional NHS treatment to non-registered patients
Ashfield	0	0	0	0
Bassetlaw	0	0	1	0
Broxtowe (& Hucknall)	3	3	3	1
Gedling	1	0	2	0
Mansfield	3	3	3	1
Newark and Sherwood	0	0	0	0
Rushcliffe	0	0	6	0
City	15	17	28	13

Table A

- The figures are low across all 7 Nottinghamshire districts and significantly higher in the City. The areas of Ashfield and Newark and Sherwood both had no dental practices registering new NHS patients.
- Rushcliffe Primary Care Trust (PCT) has indicated that during 2006 a new dental practice has opened in West Bridgford primarily treating NHS patients.
- The Trent Strategic Health Authority (SHA) has been asked to provide a brief statement as to how it evaluates the current provision of NHS Dentists in Nottinghamshire. It is hoped that this will be received prior to the meeting on 2 May 2006 and will be reported once received.

Government Reforms

10. From 1 April 2006 Government reforms mean that NHS patients will no longer be registered with their dentist. The NHS will ask each contracted dentist to provide a fixed, limited amount of NHS care each year and so they have to allocate their time and their NHS budget accordingly.
11. Patients will be able to choose which dentist they wish to see at a practice, but it may not always be possible to arrange this because the particular dentist may not have any NHS time available. Dental practices will try to offer appointments as soon as possible at a convenient time within the hours they have set aside for NHS patients.
12. At the end of a course of treatment, the dentist will discuss when the patient will need to see a dentist again. NHS dentists will now follow guidelines issued by the National Institute for Health and Clinical Excellence (NICE) on how often patients need to see their dentist, according to their oral health needs. It is no longer the norm for NHS patients to have two NHS check-ups each year, if they do not need them.
13. The Department of Health wishes NHS resources to be allocated to those who need it most. Patients will be able to visit their dentist more often privately if they prefer to talk to their dentist more regularly about their oral health needs, have a regular visit to the hygienist and have the reassurance that all is well.
14. NHS dentists will, where necessary, provide treatment that is needed urgently. Urgent treatment means treatment that the dentist considers necessary to relieve severe pain or prevent your oral condition deteriorating before you can make a normal appointment.
15. Dental practices will also no longer be able to use conditional clauses that insist that parents must be registered as private patients in order that children be registered for NHS dental treatment.

Charges

16. The Government is changing the charges made to NHS dental patients. Previously NHS patients paid a proportion of the cost of the treatment NHS charges. As of 1 April 2006 patients will pay one of four fixed charges relating to the type of care and treatment received.

17. The Bands are as follows:

Band	Examples of treatment	Charge
Band 1 Diagnosis treatment planning and maintenance	Clinical examination, x-rays, scaling and polishing, preventative dental work such as oral hygiene instruction	£15.50
Band 2 Simple treatment	Fillings, extractions, surgical procedures	£42.40
Band 3 Provision of appliances	Complex treatment which includes a laboratory element such as bridgework, crowns and dentures	£189.00
Urgent treatment	Examination, x-rays, dressings, re-cementing crowns, up to two extractions and one filling	£15.50

Table B

18. Charges for NHS treatment prior to the reforms varied and no figures are currently available for direct comparison. The NHS reports that the previous maximum charge was £384 and is now £189.
19. NHS dental care continues to be free to children under 18 or under 19 in full-time education as well as pregnant women and new mothers and people on certain state benefits.
20. NHS patients can opt to have part of their treatment privately. Private treatment can provide more time with a dentist as well as personal service, greater choice of materials and higher quality laboratory work for a better aesthetic result. There is also a greater range of treatment options available as cosmetic treatment is excluded from the NHS.
21. It has been suggested that with the new NHS charges some private treatment may be cheaper than the NHS. At present there is no information available to make this comparison.

British Dental Association (BDA)

22. The British Dental Association is the professional association and trade union for dentists in the UK. The BDA has concerns over the reforms and a spokesperson has been invited to attend the meeting on 2 May 2006 to inform the Select Committee of the concerns of dentists towards the reforms.
23. It has been reported that 10% of dentists have refused to sign the new contract and that this will lead to a reduction and greater shortage NHS

dentists. It has also been reported that 60% of dentists have signed the new contract “in dispute”, which will then be considered through an appeals procedure.

24. The research detailing numbers of NHS dentists in Nottinghamshire (Table A) was compiled prior to the new contract and reforms taking effect.

Local Management

25. Primary Care Trusts (PCTs) have a responsibility for local NHS dental services. The NHS reports that from 1 April 2006 PCTs will:

- have money that must be used for local dental services
- agree contracts with NHS dentists for services that best meet local needs
- be able to influence where new practices are established
- be responsible for urgent and out-of-hours care in your area

26. The reforms allow a PCT to retain the money to provide dental services should a dentist move, close down a practice or reduce the amount of NHS dentistry provided, for reinvestment in NHS dentistry for the local community. It is suggested that this will help PCTs to ensure that NHS dental services better meet the needs of people the area they serve.

27. The Primary Care Trusts have a joint appointment to work with dentists. Mr Richard McCallum is the Head of Oral Health Improvement for Ashfield, Mansfield, Bassetlaw and Newark and Sherwood and the Associate Director of Oral Health for Broxtowe, Gedling, Nottingham and Rushcliffe. Mr McCallum has been invited to attend the meeting on 2 May 2006 but is unfortunately unable to attend on this occasion. The PCTs have been invited to send a representative to the meeting on 2 May 2006.

28. Local Dental Committees (LDCs) became statutory bodies under the NHS Act 1977. Primary Care Trusts should consult with LDCs on matters of local dental interest. LDCs will also make nominations to or may be consulted about membership of certain committees, including:

- Dental discipline committees.
- Denture conciliation nominees, which deal with appeals against decisions of the Dental Practice Board.
- In some areas, Primary Care Trusts have invited an LDC nominated dentist to sit on their Professional Executive Committee.

29. In Nottinghamshire there are two local dental committees, one serving Ashfield, Mansfield, Bassetlaw and Newark and Sherwood and one serving Broxtowe, Gedling, Nottingham and Rushcliffe. Representatives of the LDCs have been invited to attend the meeting on 2 May 2006, however it should be noted that the meeting takes place during surgery opening hours.

Impact on the number of NHS Dentists in Nottinghamshire

30. Research undertaken in April 2006 through the PCTs showed that **8 practices within Nottinghamshire had refused to sign the new contract to provide NHS Dentistry**. Nottingham City PCT reported that 0 practices had refused to sign the contracts. The number of practices signing the contract “in dispute” was not available at the time of compiling this report.

Options

31. The Select Committee may wish to consider the information provided and identify issues that require further consideration, this could include:
- The current work of PCTs to improve access to NHS Dentistry in Nottinghamshire
 - The impact of the reforms on access to NHS Dentistry in Nottinghamshire
 - How PCTs plan to use the new funding arrangements to encourage access to NHS Dentistry in Nottinghamshire
 - The state of oral health in Nottinghamshire
 - The links between poor oral health and other conditions (such as strokes and heart attacks)
 - whether sufficient emphasis is being placed on oral health
32. The Select Committee may wish to consider the shortage of NHS registering dentists in Nottinghamshire and possible actions that could be taken to address this. This could include
- Identifying further information or witnesses
 - Making recommendations to the PCTs and/or the Secretary of State
33. Should Members wish to conduct further work on this topic then the Select Committee should recommend that NHS Dentistry be put forward for inclusion in a future Scrutiny work programme.

Recommendations

34. It is recommended that
- the Health Select Committee consider the information provided and identifies any issues or actions that require further consideration.

Councillor James T Napier
Chair, Health Select Committee

Background papers: nil.