Final report on Access to NHS Dentistry

Completed January 2011
Introduction

Reading LINk resolved to examine the issue of access to NHS Dental Primary Care services after becoming aware of concerns in relation to this from a variety of sources in early 2009 from:

- dental service providers about ability to treat patients within monetary limits of dental contracts.
- individuals through the pilot Reading LINk community survey
- a LINk board member via Reading Federation of Tenants and Residents Association members

The validity of these concerns was supported to some extent by the proportion and volume of enquiries relating to access to NHS dental services received by the NHS Berkshire West Patient Advice and Liaison Service (PALS).

The LINk board commissioned some initial research into dental primary care services and oral health in Reading and, having considered this established a ‘task and finish’ group in November 2009, to study and research the issues further. Reading LINk also proposed to work on this issue in liaison with the other LINks in Berkshire West where similar concerns had been raised.

In October 2010, the results of the Reading LINk community engagement survey became available. The survey was undertaken from February to July 2010 and participants were recruited via a number of promotional events, community and outreach activities, shopping centre launches and on-line facilities. In total, 221 respondents answered the survey. Respondents were 37% female and 63% male, with the majority aged between 25 and 49 years. The diverse ethnicity of Reading was well reflected, but the 15 to 18 age group were not well represented. Nearly half the respondents were from areas of relatively high deprivation in Whitley, Southcote and Caversham.

Perceptions about access to and the quality of NHS dental services was one of the key areas highlighted by survey respondents as being of concern to them. Issues identified included:

- Dentistry was rated the fourth highest priority service for Reading LINk to investigate, with half of those scoring this quoting ‘inadequate service’
- NHS dental services received the highest number of low scores (18% rating services poor or very poor, although nearly half rated services ‘OK’ or better)
- NHS dental services failing to meet the needs of the community was a particular issue for men aged 25 – 49 years (and for that group the only health or social care concern identified by them)

Background

In the early 1990’s around 60% of the UK population used NHS dental services (57% in Berkshire West), but this had reduced to 53% nationally by 2005 and, according to NHS Berkshire West, only 41% of the population in the PCT area accessed an NHS dentist in
the previous 24 months (at December 2008)\(^1\). Access to NHS dentistry was identified as the number one issue that patients in Berkshire West were most dissatisfied with. Whilst the apparent rate of access is much higher in Reading – around 61\% - this is significantly influenced by the use of dental services in the town by commuters. The Reading PCT Patient Survey 2004, recorded a 50/100 positive response rate to the question ‘are you currently registered as an NHS patient?’ (the best 20\% of PCTs scoring an average of 78/100).

NHS Berkshire West PALS consistently records around 50\% of its enquiries being on issues relating to NHS dental services and, of these, around 80\% are straightforward enquiries about how to access those services. In a survey commissioned by South Central SHA in 2009, the main reason for seeing a private dentist was given as not thinking a NHS dentist was available (one third of respondents). However, in the Berkshire West area more people (38\%) agreed with the statement that getting an appointment with an NHS dentist has got easier in the last two years than did not.

Child oral health in Reading has historically been significantly worse than the UK average and by far the worst in the West Berkshire area (measured by decayed, missing or filled teeth (DMFT) in 5 year olds 2007):

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\(^1\) Access to NHS dentistry in a given area is measured in terms of the unique patients who have attended an NHS dental practice in the previous 24 months. It does not measure the number of actual residents in the area that have attended a practice.

Declining levels of access to NHS primary dental services is a national trend and was a key driver for the introduction of a new NHS Dental Contract in 2006. This aimed to make NHS dentistry more attractive to practitioners, facilitate improvements in access, match service developments to local needs, promote a more preventative approach and engage dentists in the local NHS in order to meet the oral health needs of the local population. At the same time as the new dental contract was introduced, Primary Care Trusts were made responsible for commissioning primary dental services and for meeting the needs of their local populations in this respect. PCTs received additional ring-fenced and cash limited funding to support the expansion of NHS dental provision as well as the ability to ensure that resources were reinvested in local provision if local dentists left the NHS and some other contractual flexibilities to assist them in fulfilling this responsibility. Extension of services in West Berkshire included the commissioning of Dental Access Centres (usually General Dental Service practices that set aside specific sessions to provide emergency access) and Out of Hours services.
However, the pricing, treatment bands and provision of specialist services, including Endodontics (root canal treatment) have been issues of contention since the introduction of the new contract, and were reflected in the concerns expressed to Reading LINk.

The NHS Berkshire West strategic plan 2009-14 includes an Oral Health initiative to ensure that the under 5s benefit from a range of preventative interventions that lead to improved oral health through advice, promotional campaigns around related healthy living practices and increased investment to improve access for the most deprived areas of population. Actions for 2009/10 included a new baseline survey on children alongside the opening of 3 new dental practices (one of which is on the borders of Reading in Shinfield) and procuring additional units of dental activity through existing practices, with the overall objective of increasing access to NHS primary dental services by 5% across the West Berkshire area.

In April 2009 additional funding was made available to Primary Care Trusts and Strategic Health Authorities to further improve access to NHS primary dental services. An additional £3.5m per annum was allocated to NHS Berkshire West, with a requirement that this be fully utilised by March 2011.

In considering the issues raised and background context to them, the LINk Board noted that Reading Borough Council Health, Housing and Community Care Scrutiny Panel had identified concerns relating to the dental commissioning process and access to Endodontic treatment at their meetings in February and August 2009, and that any duplication with their work should be avoided.

**NHS Dental Access Task and Finish Group**

In September 2009 the LINk board resolved to establish a Task & Finish group to study and further research issues relating to NHS primary dental services. The group established a set of broad outcomes for its work as follows:

1. Improved access to NHS dentists – evidenced by reduced number of enquiries to the PCT PALS service about this and of clear communication of patients rights to NHS dental care.

2. Reduction of inequalities in dental care across Reading – especially in children under 5 yrs.

3. Identify how improvements in dental health can be made – to form the basis of recommendations to NHS Berkshire West (including targeting of young mothers/toddler groups etc)

4. Find out what peoples’ perceptions are of NHS dental care

with the full scope of the project to be determined after an initial meeting with NHS Berkshire West lead commissioners for dental services to establish what their priorities and programmes to achieve them were.

However, it became clear that much of the group’s proposed action and its agenda for this meeting had been superseded by NHS Berkshire West’s programme of action under the Department of Health’s Dental Access Programme, launched at a provider event on 3 December 2009.
Government dissatisfaction with the rate of improvement in access to NHS primary dental services resulted in local targets being determined by the Strategic Health Authority, which for Berkshire West involved increasing access levels from 41% to 61% by April 2011 across the area. The ‘task and finish’ group’s meeting with NHSBW dental commissioners on 17 December 2009 therefore focussed on the PCT’s plans to achieve this.

The NHSBW programme included a tendering process for additional dental services (to be undertaken Dec’09 to Apr’10) involving the commissioning of 10 new NHS practices across the area, together with some interim arrangements to increase activity during 2010 by providing additional capacity through selected existing ‘high achieving’ practices. Alongside this the PCT proposed seeking the views of local people to understand barriers, motivators and challenges to increasing access levels for NHS dentistry locally.

Work to implement the programme would be coordinated through the Dental Access Programme Implementation Group (DAPiG) and the West Berkshire LINks were invited to participate in the group through a nominated representative. The new practices to be commissioned under the programme were to be located in areas identified both as having relatively low levels of NHS dental provision and low uptake of services by local people:

- Newbury and area (Northcroft, St. Johns & Victoria)
- West of Reading – south (Burghfield, Mortimer & Theale)
- West of Reading – north (Pangbourne)
- West Berkshire – rural (Compton, Downlands, Hungerford, Kintbury & Lambourn Valley)
- Central Reading (Abbey, Battle, Katesgrove, Minster)
- South Reading (Church, Whitley)
- Wokingham Town (Emmbrook, Evendons, Norreys, Wescott, Winnersh)
- South of Wokingham (Finchampstead N&S and Wokingham Without)
- Earley/Lower Earley (Hawkedon, Hillside, Maiden Erleigh)
- Woodley (Bulmershe, Coronation, Loddon, Sonning & South Lake)

and involve the procurement of an additional 125,000 UDAs\(^2\) in total across the area with the aim of increasing the number of patients accessing primary care NHS dentistry from just under 185,000 in March 2009 to just over 277,000 by March 2011. Because the levels of NHS dental provision in relation to population varied across the West Berkshire area, the provision of new schemes had a bias toward Wokingham and West Berkshire\(^3\).

In addition to the above, a new Dental Public Health post holder would be leading an Oral Health Needs Assessment from April 2010, current arrangements for Dental Access Centres and Out of Hours services were to be reviewed in 2010 and a review of the rate of extractions, compared to Endodontic activity conducted to ensure that dentists are offering a full choice to all patients.

\(^2\) UDAs are Units of Dental Activity – the ‘currency’ created through the General Dental Services contract to measure the volume of primary dental work commissioned from dentists. UDAs are also the measure for the ‘bands’ of charges for primary dental treatment paid by patients – see Appendix A for more detail.

\(^3\) Prior to the commencement of the Dental Access Programme the PCT had commissioned 158 UDAs per 100 residents in Reading, 101.57 per 100 in West Berkshire and 85.78 per 100 in Wokingham. However, these differing levels may reflect variations in the use of NHS dentists by commuters etc, a propensity for wealthier populations to use private services or the relative dental health needs of more deprived populations compared to others.

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**Reading LINk**
Local Involvement Network
The NHSBW work on promoting the uptake of NHS primary dental services was to be informed by work being done at regional level by South Central SHA to identify target groups and pilot social marketing strategies to reach them.

**Change of Government policy and re-assessment of local needs**

Following the 2010 general election and creation of the new coalition government, NHS policy and target setting changed. Access to NHS Dentistry remained a ‘Tier 2 Vital Signs Target’ within the governments new operating framework for the NHS issued in June 2010, but no longer required local PCT’s to meet centrally determined targets.

PCT’s were required to submit a demand forecast and proposed access targets in July 2010, following analysis of information from dental questions included in the GP survey in March 2010. The update of forecast demand for NHS dentistry was based on the number of people who “would access NHS dentistry within a 24-month period if people thought it was possible to access NHS dentistry within the PCT and sufficient capacity was in place to meet the demand”. The Strategic Health Authority had to approve demand forecasts and targets, on which the PCT would then be monitored.

On the basis of the information from the survey the PCT had reassessed demand for NHS dentistry in Berkshire West to be between 45.8% and 61% of the local population, with a mid-point of 53.4%. Current access levels were reported to be at 43.4%, but increasing at the rate of about 1,000 patients per month since the commencement of the Dental Access Programme in April 2009.

A report to the PCT Directors on 6 July 2010 set out a range of options for procurement of additional services via new schemes. The report recommended the option to pursue five new schemes in order to support achievement of an access level of 53%, which would be the new local target to be met by March 2013. This would raise access levels to just under 250,000 patients using NHS services. The new practices would be located in:

- Central Reading
- Newbury and area
- West of Reading (North)
- South of Wokingham
- Earley/Lower Earley

The report noted that the tenders submitted for new services in South Reading and West of Reading (south) should not proceed on the grounds that “the Value For Money scores achieved by the applicants were considered to be too low to support appointment”. New provision in these areas was therefore discounted regardless of the level of identified need, including the very low levels of NHS provision in relation to population.

The five new schemes recommended were said to represent a substantial increase in access to support the new access target, to maintain access to urgent care, provide access in areas with no NHS provision and enhance access in the two main towns in the area (Reading & Newbury) where the opportunity to use findings from the Social Marketing project could be applied. Any higher level of new provision was said to represent significant risk that new schemes would not meet contracted levels of service.

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4 Value for Money scores were achieved by comparing a range of quality indicators against the proposed price.
and a lower level would mean that the PCT would need to justify to the SHA why it had reduced its access target below the mid-point of the revised demand assessment.

NHSBW PCT Directors declined to accept the recommended option to provide five new schemes and decided to commission only three new schemes in areas with no current NHS primary dental services, contracting for an additional 42,000 UDAs with an implicit access target of 51% by March 2013 (240,000 patients). Whilst this scale of new provision would still result in an overall increase in patients accessing NHS services, no clear rationale for this decision was given by the Directors in their meeting.

**Formal Request for Information and further meeting with PCT Commissioners**

In response to the NHS Berkshire West decision to substantially reduce its proposed procurement of new primary dental services Reading LINk sought further information from the PCT dental service commissioners on the following issues on 24 August 2010.

1. To confirm that the revised assessment of need arising from the analysis of dental questions in the GP survey and concerns about inability to fulfil contract quantities under the original proposals were the only imperatives for moving away from the 61% access target and the aspiration to seek to return use of NHS dental services to 1993 levels.

2. Details of the dental questions added to the GP survey and the methodology leading to the reduced assessment of demand/access levels to NHS primary dental services.

3. The rationale for the PCT directors' decision to move from the original criteria to focus on areas with relatively low access or low uptake of NHS dental services to one of additional provision only in areas with no current NHS provision.

4. Why the PCT did not seek out better value for money bids in South Reading and West of Reading when poor value tenders were submitted, rather than simply default to making no provision in those areas previously identified as having low access or uptake – particularly in the areas of relatively high deprivation in South Reading.

5. Whether the change of policy made at the Directors’ meeting had been subject to an Equality Impact Assessment – and requesting sight of this.

6. When subsequent tranches of the ‘phased approach’ referred to in the report would be implemented and confirmation that the funding for these would remain available.

7. The progress with and timetable for the full implementation of the social marketing programme.

The response from the PCT commissioners and clarification on some of these issues in a further meeting with them on 8 November can be summarised as follows:

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5 At January 2011 access had increased to 205,417, adding 20,000 patients since March 2009; patient numbers are still increasing at the rate of around 1,000 per month, a rate which the PCT hopes will rise during 2011/12 in order to meet its revised target.
Scale of expansion of services: - the PCT had concerns about the scale of expansion of services required to meet the nationally determined targets from the outset. These centred around fears that a 50% expansion in access to NHS provision within a two-year period might not be matched by actual demand and result in significant claw back of unused contract value and potential contract failures; claw back was already a problem in some areas prior to the proposed expansion. The PCT had always preferred a more phased approach, however with a stronger emphasis on financial restraint and the proposed future abolition of the PCT since the general election, a key objective in all its areas of responsibility was to hand over financially and contractually robust arrangements. The prospect of contract failures, through too rapid expansion of services, which could occur just as the PCT were handing over responsibility for commissioning and potential implications of this has persuaded directors to take a more conservative phased approach; the debate in the PCT directors’ meeting in early July had centred on whether to make any new provision of primary NHS dental services in Berkshire West.

Nature of expansion of services: - the PCT had been able to start to increase provision through incremental expansion of existing services; the new PDS+ contract made this easier with an allowance for an additional 10% year on year increase in capacity and a local policy also allows bids for additional activity under older contract arrangements. This would allow for phased expansion to occur in areas of highest need or where demand increased. In 2010/11 an additional 42,000 UDAs have been achieved across the PCT’s area with nearly half of this activity in Reading. However, it was also the case that the ring-fencing of new money provided under the national dental access programme would now cease with effect from April 2011. The new contracts let under the initiative utilise around £1m of the £3.5m allocated by the DoH and will run to at least 2017. Nevertheless, the balance of that annual funding not contractually committed would go into the general PCT funds and their requirement to find savings of 20% overall would bear down on this; i.e. other services may be funded by the dental services money or it may form part of the required ‘savings’.

Re-assessment of demand for NHS provision: - the details of the dental question in the GP survey and the methodology resulting in the re-assessment of (latent) demand lying between 45.8% and 61% access levels were provided. The option for five new schemes in West Berkshire was broadly assessed as consistent with access levels around the mid-point of this range i.e. 53.4%. The directors had reviewed the implications of each option presented in the report, but no rationale (beyond the imperative for caution) had been articulated by the Directors in reaching their decision to procure only 3 new schemes and adopt an access target below the mid-point of revised demand at 51%.

Equality Impact Assessment: - a formal EIA has not been undertaken in relation to the decision to curtail procurement plans. Some of the more deprived areas in Berkshire West have the highest levels of NHS dental provision and there is evidence to suggest that take-up of those services, rather than supply is the challenge. Improvements in oral health is not solely a function of how many dentists or doctors there are; environment, eating habits, smoking and embedding good oral hygiene practices are the key factors e.g. the NHS BW initiative for free toothpaste/toothbrushes in Children’s Centres and its work with schools on healthy eating programmes, anti-smoking programmes etc. In South Reading (an area of relatively high deprivation) an NHS practice already exists. Ideally commissioners would have liked to seen some competition, but bids received did not give good value for money, although one of the new practices procured in 2009 was on the outskirts of this area in Shinfield, which South Reading residents could access.
**Roll out of social marketing programme:** - the PCT has been conducting a significant communications campaign to raise awareness about access to NHS dentistry, but recognised that it has to influence behaviour if there is to be a substantial increase in the numbers of people attending NHS dental practices. A social marketing project by the SHA has identified two priority groups; those who move to the private sector when their dentist left the NHS but would like to return and those who have not visited any dentist in the last two years. Research work to identify barriers for these groups had now been completed and results of this were provided to Reading LINk. PCTs are now to work to deliver programmes with a local flavour through this SHA initiative, particularly during the first half of 2011. NHS BW will be happy to work with Reading LINk to identify any specific issues relating to its demography that could inform the nature of the programme in Reading and proposes more detailed work in RG2 and RG6 postcode areas; the former of these includes areas of South Reading. The campaign will include better branding of NHS dentists and working more closely with other health care professionals such as Health Visitors, GPs, pharmacists etc.

**Dental Access Centres:** - the urgent access centres commissioned by the PCT (primarily under the post-2006 contracts) will be withdrawn since over time these had not actually seen a greater proportion of urgent cases than ordinary practices (and urgent access sessions had been underutilised). With most NHS dentists in Reading taking on new patients, commissioners consider that they should be able to access urgent care when needed via ordinary NHS practices. The capacity released will remain available.

**Community Dental Services:** - were also to be reviewed for cost effectiveness. These are the services provided to people in their own residential settings e.g. care homes, people confined to their own home or some other community settings e.g. community clinics etc by dentists who are employed directly by the PCT.

**Conclusions**

**Commissioning of additional NHS primary dental services**

The original aim under the DoH Dental Access Programme was to return access to NHS dental services to the levels in the early 1990’s; for Berkshire West this was around 57%. However, the nationally determined target of 61% of the population in the area to have access to an NHS dentist would have represented a 50% increase in capacity within the two years to March 2011. NHS Berkshire West had serious reservations that this rate of increase in capacity was achievable or sustainable and these concerns increased in the context of its own expected demise in 2013, with a desire to hand over financially and contractually robust service arrangements.

The change of government in early 2010 resulted in a requirement for local reassessment of demand for NHS primary dental services and this was determined at 53% access levels by 2013. This was based on the mid-point of the range of projected demand and, although not matching the 1990’s levels of access, was considered pragmatic given that some patients who had since left the NHS sphere were perhaps never likely to return (6% according to COI national research for the NHS).

This level of increased provision was reflected in the option recommended to PCT Directors in July 2010 that five new schemes be commissioned. This option was projected to result in 249,000 patients accessing services by 2013; an increase in provision of 25% over 4 years (compared to 199,000 patients accessing services at June
2010). This option would have resulted in a rate of increase in capacity one quarter of that required under the nationally driven target (25% increase over four years rather than 50% over two years) and would have been consistent with the PCT’s original aim to focus on areas with relatively low access or low uptake.

The PCT directors’ declined to accept the recommendation to pursue an option that was consistent with the available evidence of demand, the original aims of the procurement process and a prudent approach to commissioning additional capacity in favour of procurement only in areas where no NHS services currently exist. In consequence of this decision the reduction in commissioning of additional NHS dental services in Berkshire West following a local demand review is much greater than that in other PCTs in the region. Total annual contract value of those selected is just over £1m per annum (with only £250k likely to be spent in 2010/11), leaving a further £2.5m of the annual budget (currently ring-fenced) for dental services uncommitted.

However, neither the directors’ decision or the recommended option addressed the fact that two areas within the original criteria (to focus on areas with relatively low access or low uptake) were not considered because the tender value for money scores were too low to support appointment. This meant that (outside those with no adult NHS provision) the areas in Berkshire West with the lowest rate of NHS provision per 100 population were ignored during the final decision making stage; South Reading and West of Reading (south). This is inconsistent with the achievement of the aims of the commissioning process, the prudent use of (currently ring-fenced) monies provided for the purpose and, in the case of South Reading, a lost opportunity to properly resource an area of relatively high deprivation where an effective social marketing campaign has the potential to increase demand levels significantly.

Communications and Social Marketing campaigns

NHSBW has undertaken a significant communications campaign to raise awareness of access to NHS dental services and there is some evidence to suggest this is having an impact in levels of take-up.

NHSBW proposes to undertake a social marketing exercise focused on influencing behaviour in the target groups identified by the SHA; those who left the NHS when their dental practice went private and those who have not accessed dental services at all in the past two years. This will draw on knowledge gained from research commissioned by the SHA through the Central Office of Information (COI).

The COI social marketing research results appear to contain a wealth of information concerning the perceived barriers and ways to overcome these for the two target groups. Whilst the research asserts that the proportions of these groups are similar across PCTs, it also flags up that the local nature of populations is important (to understand and target appropriately). Bearing this in mind, and provided the nature of the populations in target areas is properly understood, the research should provide the basis for a comprehensive campaign to influence perceptions and behaviour to raise the numbers of people seeking NHS primary dental care.

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6 The evidence of demand assessed on the basis of the GP survey has a very wide ‘confidence interval’ i.e. it is uncertain. However, the assessment of demand recommended to the PCT Directors took a cautious approach based on the mid-point of the broad range of assessed need, compared to the previous access target which was at the top end of this range.
The planning template for the Social Marketing campaign developed through the Strategic Health Authority project envisages an overall timescale of 18 months. However, NHSBW are proposing that the main emphasis of the local campaign will be for six months, commencing early 2001, since “beyond that there is more uncertainty about PCT organisations”. Given the emphasis on the need to engage both dental service providers and a broad range of other health and social care providers in a comprehensive and coherent campaign Reading LINk is concerned that an effective programme, that properly takes on board the lessons from the research can be devised and organised in the time available or can expected to realise results in the short timescale envisaged for the ‘main push’ on this campaign; promoting behaviour change for substantial numbers is a long-term process.

The PCT retains its responsibilities in relation to dental health until 2013 and it is not clear why there should be any doubt that this important social marketing campaign should run at the levels required to influence change over the full period, especially given the history of poor oral health in Reading. It would also appear that (assuming funds can be used for the purpose) there are substantial funds for dental services that remain available to spend, notwithstanding that these will no longer be ring fenced from April 2011.

Recommendations

1. **Having regard to the original aims of the commissioning process and NHS Berkshire West’s re-assessment of local forecast demand (which indicated an access target of 53% at the mid-point of the range), NHSBW should review its decision to restrict procurement of new dental services only to areas where there is no current NHS provision.**

2. **A full Equality Impact Assessment of the policy options should be available to directors in reconsidering their decision, in accordance with NHS Berkshire West’s public duty and equalities policy, and if directors remain of the view that (contrary to recommendations) only three new schemes should be commissioned then a proper rationale should be articulated for this decision.**

3. **With particular reference to the areas with very low rates of NHS provision in relation to population (South Reading and West of Reading (south), which were discounted on the basis of no acceptable value for money bids having been received, the PCT should seek to negotiate new provision with providers who submitted value for money bids in other areas.**

4. **Significant emphasis is placed on meeting NHS Berkshire West targets for access to NHS dentistry by adding capacity through incremental increases in the value of existing dental contracts year on year. To ensure this phased approach is not compromised the PCT should ensure that sufficient budget (from the special funds made available) is reserved for this purpose despite the government relaxation of ring-fencing of these funds.**

5. **NHS Berkshire West should ensure that the local social marketing campaign comprehensively engages health and social care professionals, provider organisations and community based groups (such as the Berkshire LINks) in its preparation and that it is executed vigorously over the full 18 month timescale for delivery to ensure it has the significant impact required to increase dental access rates and help improve oral health in Reading and beyond.**
Extract from Report to PCT Board meeting 24 March 2009

Commissioning of NHS primary care Dental Services

Introduction of the nGDS contract 2006
The new Dental contract was introduced on 1st April 2006 with a range of proposed benefits for the NHS as a commissioner of services, NHS Dentists and for patients. The following objectives were identified:

- **Make NHS dentistry more attractive to dentists**, responding to longstanding professional concerns about the current GDS system by removing the link between remuneration and individual items of service and providing much greater stability of NHS income.

- **Promote a more preventive approach to dental care**, removing the focus on counting individual interventions (e.g. fillings and extractions) and giving dentists more time to focus on prevention and health promotion.

- **Facilitate steady improvements in local access to NHS dentistry**, based on promoting attendance patterns in line with the new NICE guidelines.

Over time, the PCT and its dentists should plan to use the opportunities of local commissioning in increasingly innovative ways to:

- **Match new service developments to local needs**, taking advantage of the fact that when local provision changes (e.g. a dentist leaving the area) - the money previously spent on these services will be retained by the PCT which can then decide how best to deploy this funding in developing primary care dentistry locally.

- **Meet the oral health needs of the local population**, building on the guidance that is contained in the Department of Health’s recently published oral health plan.

- **Build further the involvement and engagement of dentists in the local NHS**, including contributing to planning patient pathways across primary and secondary care.

New contractual arrangements were introduced for General Dental and Orthodontic services with mechanisms for PCT to ensure access to services was maintained via Dental Access Centres and Out of Hours provision.

**General Dental Services**
Most NHS services are commissioned via non-time limited General Dental Service contracts. Prior to the introduction of the new contract some practices did take part in pilot Personal Dental Services contracts, which do provide more flexibility in the nature of the services provided and the timescales for the contracts. Some practices did choose to remain on PDS when the new contract was introduced. However the core elements of the PDS contract are the same as the GDS contracts.

A system of price bands was introduced to underpin the different types of treatment that could be provided on the NHS:

- Band 1 (£16.50 from 1st April 2009) – examination, diagnosis (e.g. x-Rays), advice how to prevent future problems, scale and polish if needed

- Band 2 (£45.60 from 1st April 2009) – course of treatment, fillings, root canal work or removal of teeth
• Band 3 (£198) – Bands 1 and 2 above plus crowns, dentures or bridges

• Band 1a (£16.50) – urgent treatment needing more than one appointment

Work carried out under Bands 2 and 3 would be supported by Personal Treatment Plans detailing the nature of work to be carried out and how much it will cost.

Under the new contract children aged under 18 and adults falling into certain categories were exempt from charges.

Dental Practices were allocated NHS budgets based on the proposed volumes of activity to be provided. For the first year of the contract this was based on a reference period between 1st October 2004 and 30th September 2005, for which the activity was translated into a new currency within the contract – Units of Dental Activity (UDAs).

PCTs started to receive cash limited budgets from 1st April 2006 based on this reference period. The allocation to the PCT would also take account of targeted income to be achieved from Patient Charge revenue. It would therefore be important that Dental practices collected this money to avoid a shortfall in PCT budgets.

The Units of Dental Activity relate to the pay bandings for treatment:

• Band 1 – 1 UDA
• Band 2 – 3 UDAs
• Band 3 – 12 UDAs
• Band 1a – 1.2 UDAs

Each PCT negotiated a contract value based on the 2004/05 reference period and this would identify a cost of contract per UDA. In Berkshire West in 2008/09, the average UDA price is £23.60.

As part of the negotiations, practices could decide whether they wished to provide full NHS adult and children’s services; children and exempt patients only; children only or leave the NHS altogether. In most areas, practices tended to continue on the basis that they had provided prior to the new contract. But, in some areas such as Wokingham, a number of practices decided to leave the NHS. This meant the PCTs had to respond quickly to commission extra activity (often via new contractors) in the first year of the contract to maintain NHS access.

PCTs were allocated ringfenced monies to support the implementation of the new contract. The practices also had income guarantees for the first three years of the contract.

The monies are allocated to the practices via a national Payments On-Line system based within the Dental Practice Division of the Business Services Authority. The PCT role is to agree annual allocations with the practices and monitor activity against that agreed allocation. It is expected that practices will manage their activity over the course of the year so that they have sufficient UDAs to meet patient needs. If practices feel they are starting to overheat on UDAs they may close their books for a period of time, which will either increase waiting times or mean this practice is closed to new patients for a period of time. PCTs need to monitor this closely so they can give correct advice to patients about where NHS services are currently available. In Berkshire West PCT more than 50% of all calls to the Patient Advice and Liaison Service relate to Dental Access.

National guidance stated that if at year end, a Dental practice has achieved in excess of 96% of its contracted activity; the PCT can decide not to recover monies and agree with the practice that this activity will be carried out in the following year as part of the contract price. If a practice achieves in excess of 104% of the contract activity, then the PCT does not have to pay for activity beyond that figure. PCTs also have the option to take the overperformance into account when agreeing UDA volumes for the following year. Any practice achievement below 96% will result in PCT’s clawing back monies paid out to the practice in that year.