

**Statement of
Scrutiny Board
(Health and
Adult Social Care)**

**The NHS Dental Contract
in Leeds: One Year On**

Introduction



Introduction

1. During the 2006/7 municipal year, Scrutiny Board (Health and Adult Social Care) carried out an inquiry into the new NHS Dental Contract. The Board's final report contained eight recommendations.
2. At our meeting on 23 July 2007, we received formal responses to the recommendations contained in the Board's report from the
 - Department of Health
 - Leeds Primary Care Trust (PCT)
 - Leeds Local Dental Committee (LLDC).

During discussion at the meeting, we raised concerns about higher than national average levels of decayed, missing and filled teeth in Leeds and uneven accessibility to dentists across the city. We heard that Leeds PCT only commissions dentists who provide NHS services to all patients, in line with the Oral Health Strategy. This practice has been adopted by most other PCTs across West Yorkshire, but it is not national policy.

3. It became clear during the discussion in July that the Board, the PCT and LLDC felt

that some further scrutiny of the subject, in the form of a solutions-focussed Dentistry Workshop event, would be useful.

4. The Workshop event took place on 1st October 2007. The aim of the event was to provide an opportunity for frank discussion about dental provision and oral health in Leeds, to look at the challenges and barriers and consider solutions for the city. Several areas, identified at the meeting in July, were highlighted in advance as possible areas for discussion at the workshop. These were:-
 - The poor state of oral health in Leeds
 - Provision of dental services within health centres under development within the LIFT scheme across Leeds
 - Numbers of NHS dentists leaving and recruited in Leeds since the introduction of the new contracts
 - Provision of dental services in deprived areas of Leeds
 - Fluoridation of public water supplies.
5. Attending the workshop with us were Dr John Beal MBE, Consultant in Dental Public Health; Dr Damian Riley, Director of Primary Care, Leeds PCT; Steve Laville, Dental Contract Lead Manager, Leeds

Introduction

PCT; and Jane Moore, Chair of LLDC.

6. Prior to the meeting we were provided with the Department of Health's report *The NHS Dental Reforms: One Year On*, a report into the first year of the major reforms to NHS dental services. This was in accordance with recommendation 8 of the Scrutiny Board's inquiry report "that the Department of Health's report, following its 12 month review of the new NHS dental contract, is brought back to the Scrutiny Board for consideration.
7. The Workshop also included a presentation from Laurence Wood, Co-opted member of the Scrutiny Board, who is also the Chair of the Leeds PCT Patient and Public Involvement Forum (PPIF), informing us about survey work being carried out by the PPIF, linked to the oral health strategy.

Comments and Recommendations



1. Laurence Wood, in his role as Chair of the Leeds PCT PPIF, informed us that issues related to oral health and access to dentists were repeatedly raised with the PPIF. Concerns were expressed by people who felt they were being 'forced' to become private patients because their NHS dentist had 'gone private' and there was a lack of NHS dentists taking on new patients, especially north of the Leeds outer ring road. Some people were travelling long distances out of their local area to access NHS dentistry. Added to this, Leeds has a poor history of oral health when compared with other similar cities. Poor oral health is known to have many side effects and can cause eating and nutrition problems, especially in the elderly.
2. As a result of these public concerns, the PPIF decided to investigate oral health in Leeds and carry out survey work. The Forum received around 500 responses to its survey questionnaire conducted during May to July 2007. It was not possible to identify from the survey respondents from areas of greatest deprivation because the inclusion of the postal code from the respondents had to be a voluntary entry. A full analysis of the survey results was still in progress. In the meantime,

Laurence reported some of the typical responses received.

3. A large percentage of respondents were unable to find an NHS dentist. Some parents reported being able to register their children as NHS patients with a dentist, but not themselves, so the family's dental service had to be split between two or more dentists.
4. Payment for any dental treatment was identified as a deterrent to attending the dentist and the difference highlighted between that and attending a doctor where no payment was required from the patient.
5. Many of the public did not know if there was fluoride in their water supply or not, especially in the Guiseley and Yeadon area, where some thought fluoride was added to their water. On this point, Dr Beal informed us that fluoride was added to the water in this area of Leeds by the City Council some years ago. However, around 1983 the plant broke down and fluoridation ceased.
6. Regarding the lack of dentists, Jane Moore informed us that NHS dentistry is dwindling in Leeds and she believes it will continue to dwindle. We wanted to know why the PCT had

Comments and Recommendations



decided only to commission NHS contracts in Leeds from dentists who treat all patients, choosing not to award contracts to dentists who want to provide NHS treatment to children only or exempt adults. Steve Laville explained that this decision had been taken in the interests of providing an inclusive service, in accordance with the Oral Health Strategy for Leeds.

7. Although this was a local, not national, policy decision, it was supported by the Office of the Chief Dental Officer, and had been adopted elsewhere by the majority of PCTs. When the new contract was introduced in April 2006, the PCT honoured any old contracts, for example where a dentist provided NHS treatment to children only. However, any new contracts had to be universal. The PCT explained the reasons for this to us. If a dentist chooses to offer NHS treatment only to certain groups, this means that other groups are denied a service. Care is denied to adults when a dentist chooses to treat only children on the NHS. There are implications for continuity of care too. When a young person reaches the age of 18, they will no longer be eligible for NHS care from a dentist who only provides NHS treatment to children and will have to find another dentist.
8. We were reassured to hear, from Dr Beal, that this policy doesn't appear to have affected children's access to dental care. The proportion of children in Leeds who have visited the dentist in the last 24 months has increased.
9. We were interested to hear that some residents of Leeds mistakenly believe that their water supply contains fluoride. In fact, Dr Beal informed us, around five million people in England receive fluoridated water, mainly in the West Midlands and North East regions. Fluoride is added to the water supply in only two Core Cities, Birmingham and Newcastle. The water in Birmingham has been fluoridated since around 1964 and in Newcastle since around 1967. The children living in both cities have far better dental health than elsewhere in the country.
10. NHS Yorkshire and the Humber is the body which would be responsible for taking any decisions on whether to add fluoride to the public water supply in Leeds. Should it wish to propose water fluoridation, like any of the other regional bodies for the NHS, it would have to consult fully on its proposals.

Comments and Recommendations



Recommendation 1

Whilst recognising that there are ethical issues involved, we recommend that Leeds City Council re-opens the debate on fluoridation, having regard to the evidence of improved dental health in the children of the fluoridated cities of Birmingham and Newcastle.

11. We asked how much the PCT spends on dental education and were told it is a very small proportion of the overall dental budget. The PCT recognises that there is a need to raise people's aspirations to improve their oral health and that of their children, to convey information about good brushing techniques and avoiding sugary drinks.
12. We were concerned to hear that children from the Bangladeshi and Pakistani communities in Leeds have particularly high levels of dental decay. We would like to see the PCT work with these communities to promote dental health education and access to dental provision.
13. We were pleased to hear that one initiative "Brushing for Life", where health visitors give out brushes and toothpaste for very young children, has recently

secured funding to restart. The importance of preventative measures, such as removing fizzy drink vending machines from school premises, a process which is underway now as contracts expire, cannot be stressed enough. Removing these machines from schools in Leeds is, we believe, a necessary and positive step forward.

14. We asked whether the new LIFT centre in Yeadon will provide dentistry and were informed by the PCT that the centre will have three dental chairs. A number of dentists have already expressed an interest. The PCT acknowledged that there was likely to be a three month time delay between the opening of the centre and the start of the dental provision, due to the procurement process. The PCT are keen to establish value for money services. The LIFT centre in Beeston, due to open in January 2008, will house 8 dental chairs.
15. Dr Riley explained that the PCT will need to decide whether to open up the Yeadon dental provision to all the people of Leeds, directing them there via the Dental Advice Line, or make it available only to those living within a Yeadon catchment area. He asked the Board to

Comments and Recommendations



give its view about which option would be most appropriate. We were surprised and concerned to hear that this matter has not already been resolved. We feel it should have been addressed during the planning stage for the LIFT centre and we do not feel that it is within the Board's competence to give a view about this decision. We intend to write to the PCT asking why this issue was not considered earlier.

receives one crown and another patient receives 6 crowns and a bridge, the band 3 charge will apply to both patients. We feel that the UDA system does not accurately reflect how much intervention there has been, and does not encourage dentists to practice in deprived areas, where the oral health of patients is generally poorer than affluent areas, and, typically, more intervention is needed per UDA.

16. We discussed the new NHS dental contract and its impact on dentistry generally. Jane Moore explained the term Unit of Dental Activity (UDA) and its significance. The patient charging system is based on 3 price bands. Band 1 (£15.90) is for an examination, diagnostic and preventative care and equates to 1 UDA. Band 2 (£43.60) is for additional treatment such as fillings, root canal treatment or extractions and is counted as 3 UDAs. Band 3 (£194) is for more complex procedures such as crowns, bridges and dentures and equates to 12 UDAs. The fee for each band is constant, no matter how much treatment is provided within that band. Whether a patient receives 1 filling or 21 fillings, the band 2 charge will apply. If one patient

17. Since UDAs are a poor indicator of actual work carried out, we would like to see measures introduced to give an incentive to dentists practising in areas of Leeds with patients who have the poorest oral health.

Recommendation 2

That Leeds PCT works in partnership with the LLDC to develop a local system to reward dentists for improving oral health in Leeds, which can reflect actual work carried out.

18. We heard from Jane Moore that NHS dentists no longer feel secure, they feel under pressure to make their target UDAs. Whilst acknowledging that the PCT has been very

Comments and Recommendations



sympathetic so far, local dentists do have worries that, after 2009, budgets won't be ring-fenced. The 2006/7 Scrutiny Board had similar concerns, expressed in Recommendation 1 of the Board's report "That the Leeds Primary Care Trust shows a commitment to ensure that NHS dentistry in Leeds is well resourced after 2009, when national funding for dentistry ceases to be ring-fenced" We have been reassured by the PCT, in a letter dated 26 September from the Chief Executive, that it has "no intention of reallocating funding currently ring-fenced for dental services away from dental services once official ring-fencing ends in 2009."

19. Jane Moore reported a feeling amongst the profession that the NHS dental reforms will lead to the end of NHS dentistry and a sense that this was the aim behind the introduction of the reforms.

20. One other issue we have concerns about, and which we view as an additional obstacle to providing dental services in deprived areas, is a financial aspect. We heard at the Workshop that the net cost to the PCT of providing a UDA is

higher in areas where a high proportion of patients are receiving benefits (and exempt from paying charges). For example, in LS10 (Hunslet) each UDA yields an average of £5.20 in patient charges, compared to £9.13 in LS18 (Horsforth) and £7.11 in LS17 (Moortown/Alwoodly).

21. The PCT informed us that, out of approximately £38M gross funding for providing dental services in 2006/7, the Department of Health (DH) forecasted the PCT would recover £10.8M in patient charges. To achieve this level of patient charge, the PCT would have to achieve an average level of patient charge per UDA or £8.58. In the event, the PCT recovered £6.54 per UDA, only £76% of forecast.

22. As a result of this, only £7.6M was recovered in patient charges during 2006/7, a shortfall of £3.2M against the DH forecast. This means that £3.2M could not be used to commission dental services, a figure which, in real terms, roughly equates to 20 full time NHS dentists. One significant contributing factor to the shortfall was the fact that the practices which chose to leave the NHS in April 2006 tended to

Comments and Recommendations



be located in the more affluent areas of the city. The practices commissioned to replace the lost activity tended to be located in relatively less affluent areas of high oral health need, where a greater number of patients are exempt from paying charges.

23. The PCT is therefore faced with a dilemma. If it commissions dental services on the basis of oral health need, it will be commissioning services in areas where a higher proportion of patients will be exempt from charges and the activity commissioned will yield less patient charge revenue. This, in turn, will mean less money available to commission new dental services.

24. We recognise that patient charges will remain a key financial contributor to dental funding for the foreseeable future. However, if the DH were to offer to underwrite the shortfalls in anticipated income, this would enable the PCT to plan on the basis of a guaranteed sum for dentistry and commission on the basis of oral health need, rather than having to take ability to pay into consideration.

Recommendation 3

That the Department of Health considers underwriting the PCTs shortfalls in anticipated patient charge income to enable the PCT to

- ***plan on the basis of a guaranteed sum for dentistry and;***
- ***commission on the basis of oral health need, rather than having to consider ability to pay patient charges.***

25. In summary, after consideration of the DH's report on the first year of the NHS dental reforms and after the workshop discussions, our position has not changed regarding the patient charging bands and we hope to see a national review in the near future. We would like the importance of preventative work to be acknowledged and rewarded accordingly. We would like the DH to subsidise shortfalls in patient charge revenue, to enable the PCT to commission, with confidence, dental services in the areas with the greatest oral health need. We feel the time is right for the

Comments and Recommendations



fluoridation debate to be re-opened and, as a Scrutiny Board, we would welcome an opportunity to contribute to any future consultation, from NHS Yorkshire and the Humber, on the introduction of fluoride into the water supply in Leeds.