

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**

Date: **30 November 2007**

By: **Director of Law and Personnel**

Title of report: **NHS Dentistry in East Sussex**

Purpose of report: **To consider the latest position on NHS Dentistry in East Sussex including changes to the Community Dental Service**

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## **RECOMMENDATIONS**

**HOSC is recommended to:**

- 1. Consider and comment on the update report from the East Sussex Primary Care Trusts (PCTs) (appendix 1)**
  - 2. Agree what further monitoring is required in relation to NHS dentistry.**
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### **1. Introduction**

1.1 HOSC originally identified dentistry as an issue in October 2003, in advance of the introduction of national reforms to NHS dentistry arrangements introduced in April 2006. Full details of the new provisions are available on the Department of Health website dentistry section <http://www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Dental/index.htm>

1.2 At its meeting on 23 June 2006, HOSC highlighted ongoing concerns regarding dentistry in East Sussex and requested a further report. This was considered at the HOSC meeting on 22 September 2006. At that time, HOSC concluded that the new dental contract had not helped NHS dentistry services in East Sussex. It remained concerned that some of the most vulnerable people may not be receiving dental treatment and health inequalities are not being addressed adequately. HOSC noted that the PCTs were carrying out a review on the impact of the new contract.

1.3 At the HOSC meeting on 30 November 2006, Jane Hewitt, Dental Services Development Manager, East Sussex Downs and Weald PCT gave a presentation to update members on NHS dentistry. HOSC noted that:

- The PCTs and dentists are still embedding new contract changes
- The PCTs consider there is a match between provision and need. Higher numbers of dentists are now accepting NHS patients. Contract disputes have been reduced or resolved.
- There has been no major impact in localities of rejected contracts.
- There has been overall underperformance on annual activity.
- The new contract has no major long term impact on Emergency Dental Services.
- Urgent care provision was under review
- Estimate £1m patient charges deficit this year.

1.4 Also at the November 2006 meeting, Phil Hamlin, Acting Clinical Director for Community Dental Services and Emergency Dental Services, East Sussex Downs and Weald PCT outlined proposed changes to the Community Dental Services which centred on clinics based in Crowborough and Heathfield being closed and those patients transferred to enhanced Uckfield and Hailsham clinics. This was phase two of a programme to streamline services to concentrate activity in fewer clinics so that the use of space and staffing could be maximised to the advantage

of patients and the service. HOSC endorsed the proposal but this endorsement was subject to the service consulting all affected patients and resolving any additional transport requirements.

## **2. Themes to explore on NHS Dentistry including Community Dental Services**

2.1 The attached report from Jane Hewitt (appendix 1) provides an update on the areas in which HOSC members have expressed a particular interest:

- Access to general dental services
- Access for wheelchair users
- Impact of the new contract
- Community Dental Services

2.2 The committee may wish to explore the following areas in questions and discussion:

- Access to NHS Dentistry - at the East Sussex Downs and Weald PCT Board in May 2007 the Board noted that the PCT had maintained and increased levels of dentistry but this had not met the demand. Issues have also been raised at the Board regarding lack of access to NHS dentists in Hailsham and Uckfield, and limited access in Lewes and Eastbourne.
- Access to NHS dentists for wheelchair users, who have reported difficulty finding a suitable service. What plans are in place to ensure that wheelchair users and other people who have physical difficulties are able to be treated by an NHS dentist?
- The implementation of the new contract in its first full year and what impact this has had on the provision of dentistry across East Sussex.
- Update on the estimated £1m patient charges deficit anticipated in 2006/7 and what, if any, deficit is expected in 2007/8.
- Results of the Community Dental Services (CDS) consultation of affected patients and, in particular, what transport issues were raised and how these have been resolved.
- Update on waiting times for CDS patients which HOSC considered to be poor even with the anticipated improvements. (After 12 months it was anticipated the waits would be: Heathfield patients from 10 to 8 weeks and Crowborough patients from 24 to 17 weeks.)
- Update on the possible merger of Seaford and Peacehaven CDS clinics.

## **3. Recommendations**

- 1. Note the update report from East Sussex and Weald PCT (appendix 1) and explore any further themes**
- 2. Agree what further monitoring is required in relation to NHS dentistry.**

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## Update Report- NHS Dentistry in East Sussex

### 1. Introduction

This report provides an update to the report presented on 30 November 2006. It focuses on those areas of particular interest to HOSC, namely access to general dental services, access for wheelchair users, impact of the new contract and community dental services. Data for East Sussex is reported for Hastings and Rother PCT (HR PCT) and East Sussex Downs and Weald PCT (ESDW PCT) and compared where feasible with South Coast Strategic Health Authority (SE Coast SHA) and England.

### 2. Access

Access to general dental services can be monitored by four methods, namely trends in numbers of patients treated, patients opinions of the time taken to get an appointment, monitoring volume of enquiries to Patient Advisory and Liaison Service (PALS) and practices accepting new patients.

The graph below, Table 1, shows a slight increase in numbers of patients treated in the 24 previous months to 31 March 2006 and 2007 by locality. There were increases in both HRPCT & ESDWPCT, compared to a slight decline in South East Coast SHA and little change in England.

Analysis of patients responses to questionnaires, Table 2, shows that a large majority of patients had appointments as soon as was necessary .

Table 1

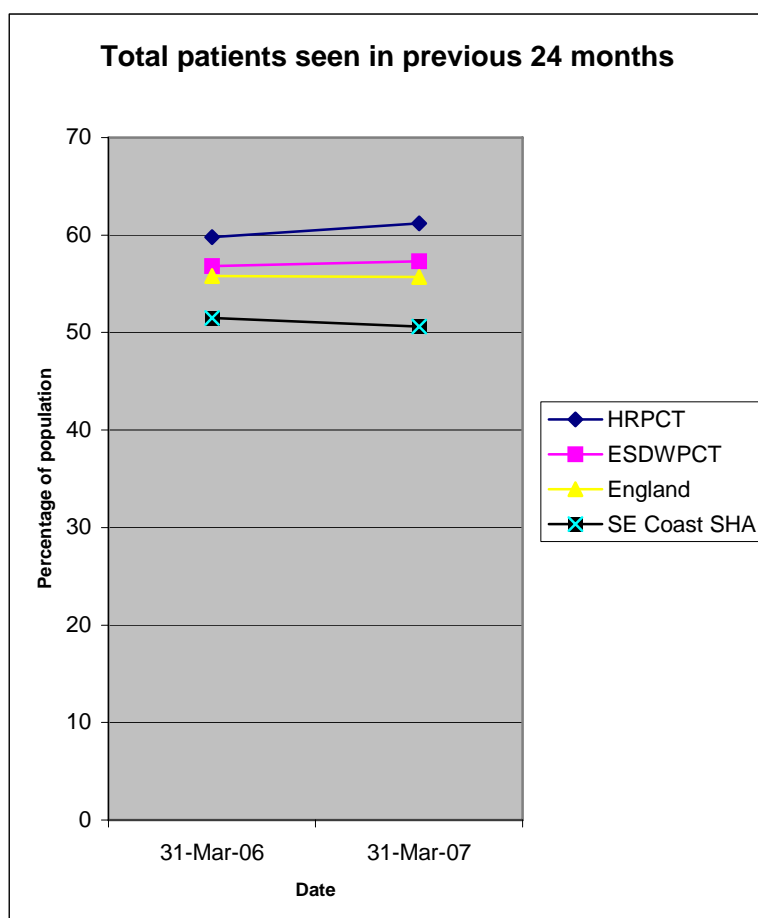


Table 2

**Patient Responses to questionnaires on their opinion of time taken to get an appointment**

Question	HRPCT		ESDWPCT		SE Coast SHA	
	Frequency	percentage	Frequency	percentage	Frequency	percentage
It was as soon as necessary	472	88.72	492	86.93	3577	85.92
It should have been a bit sooner	26	4.89	37	6.54	311	7.47
It should have been much sooner	16	3.01	16	2.83	116	2.79
No response	18	3.38	20	3.53	155	3.72
Invalid	0	0	1	0.18	4	0.1
Total	532	100	566	100	4163	100
Percentage of issued responses received		56.96		60.66		56.2

The number of enquiries to PALS from patients seeking a dentist accepting NHS patients was 75 in the 10 month period January to October 2007 compared to 127 enquiries in the equivalent period in 2006. The reduction in enquiries indicates access has improved in 2007.

The attached map (Figure 1) shows the current situation in East Sussex of practices with green spots for dentists accepting new NHS patients promoted through [www.nhs.uk/England/Dentists](http://www.nhs.uk/England/Dentists). This map is used to report access to ESDWPCT Board and at HRPCT through Professional Executive Committee. The standards require PCTs to provide access to NHS dentistry within 5 and 15 miles for urban and rural area, respectively.

In September 2007, the ESDWPCT Board approved commissioning of additional dentistry in Uckfield & Hailsham. Additional activity has since been commissioned in Uckfield & this practice is now "green" on the map. It is planned to commission additional activity in Hailsham, in the short term as temporary contract increases and then longer term by tender. Other towns such as Lewes and Eastbourne are currently identified with limited numbers of dentists accepting patients and will continue to be monitored and temporary increases agreed as necessary.

In September 2007, the HRPCT agreed to increase dental provision in Battle and Rye in order to improve performance to the access target in rural areas. As a result additional capacity has been offered and will be commissioned in Rye. Temporary enhancements are being sought centrally in the PCT area until additional capacity in Battle can be permanently accommodated.

### **3. Access to dental services by wheelchair users**

Access is improved by supporting bids for dental capital funds to comply with disability access as top priority. Some such bids have already been implemented in previous years as well as plans for 2007/8. Approved bids include improvements to existing practices such as automatic doors, handrails as well as moving practices with surgeries on the first floor to alternative premises with planned ground floor surgeries.

In addition domiciliary services have been enhanced in HRPCT and can be provided by the Special Care Dental Service for patients meeting their referral criteria in their private home or a nursing home. The Special Care Dental Service would be able to accept NHS patients in wheelchairs who were having difficulty accessing dental surgeries as all premises are on the ground floor (except Uckfield where there is a lift) and is experienced in treating such patients.

### **4. Impact of new dental contract**

In East Sussex, disputes have reduced to just one dispute in HRPCT. This dispute is not being taken further in the process by the contractor, who has not yet responded to the PCT to resolve the concerns.

Since the last report to HOSC, contracts have terminated due to practice sales and have been reprovided at similar levels by the practice purchaser. In ESDWPCT in one case a contract terminated due to the contractor leaving the country for personal reasons. In another case two contractors planned to terminate, but then decided to continue with NHS dentistry. In HRPCT, one

General Dental Services contract was terminated due to practitioner retirement. The practice was sold and a new contract issued to the purchaser to maintain seamless provision.

The out-turn of the PCTs' 2006/7 dental budgets was balanced, due to use of contingency funds to balance the patient charges (PCR) deficit. In 2007/8 the PCR is currently forecast to exceed the PCR in the allocation. This is likely due to a number of factors, namely

- carry forward of activity purchased in 2006/7 being delivered in 2007/8 and generating PCR,
- embedding the contract, so exceptional activity generating little PCR is reduced
- a reduction in allocated PCR required

#### **5. Special care dental services (previously named community dental services)**

The merger of Crowborough and Heathfield clinics went ahead after a three month consultation period which commenced in late January 2007 and ended in April 2007. The new combined clinics started in May 2007.

It was found that at both sites there were no formal or informal complaints from patients regarding the extra traveling involved. As was expected, because the vast majority of patients attended the Clinic by car, mini-bus or the PCT's Car Service, they and their carers do not appear to have found the extra journey (where applicable) problematic.

No patients from either site have requested domiciliary visits because they are unable to access the Clinics at the new sites.

As at 16<sup>th</sup> November 2007, the waiting times and numbers of patients on the Waiting list are as follows:

Heathfield area patients:	3 waiting	approx wait: 8 weeks
Crowborough area patients:	6 waiting	approx wait: 12 weeks

When the initial estimate of the waiting times was made in November 2006 it was assumed that the number of dentists would be up to our establishment level of 6.6 whole time equivalents (wte) by this November but owing to recruitment problems we only managed 5.4 wte at best during the year.

Fortunately a new Clinical Director has now been appointed and commences with the Service at the end of January 2008 and the two dentists currently on extended sick leave will hopefully be back at work by the end of this month and the end of December, respectively. This will restore the establishment to 6.1 wte and it is expected that it will be back to 6.6 wte by the Spring of 2008. It is confidently expected that the waiting times at these sites will be less than 5 weeks by the Summer of 2008.

Regarding the proposed merger of Seaford Clinic with Peacehaven, it was felt prudent not to implement this change until the all the dentist posts are once again fully staffed. Since it is expected that this should have occurred by Easter 2008 it is intended to begin the consultation exercise in April or May 2008 and, depending on the outcome of that, to probably close Seaford Clinic and transfer the patients to the double surgery site at Peacehaven in early Autumn 2008.

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19 November 2007