Bath & North East Somerset Council

Bath and North East Somerset Council
NHS Dental Review
(Review of Equality of Access to NHS Dental Services)

A review by the Healthier Communities and Older People Overview and Scrutiny Panel

Conducted by a Task and Finish Group

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Foreword

This review first arose out of concerns being expressed to Panel Members that NHS dental services were difficult to access in the Bath & North East Somerset area, particularly for adults. A visit to a local Dental Access Centre also highlighted that patients with complex dental needs (sometimes due to not having been able to see an NHS dentist for some time) were finding it difficult to get a general dental practice to take them on. These patients were therefore being seen by the Dental Access Centres, and this work which took them beyond their intended remit of pain relief, was in turn putting the Dental Access Centres under pressure.

The Task and Finish Group which formed to undertake this review were keen from the outset to approach it from the perspective of exploring health inequalities in the area. We have therefore focused some considerable attention on key groups of the population who might find it more difficult than others to access NHS dental services, such as children, homeless people, and those with disabilities.

Our review coincided with the investment of £1 million in NHS dental services by NHS B&NES, and the Task and Finish Group have worked closely with NHS B&NES to ensure that our recommendations are as timely and helpful as possible. Throughout the review process, we have been delighted with the way in which NHS B&NES have worked with us to make this review as effective and meaningful as possible. We would like to extend our thanks to NHS B&NES for this.

NHS dentistry is a high priority for local residents, and the Task and Finish Group have been grateful for the responses received from local people, to surveys, by letter and during attendance at local voluntary groups. We would like to thank all those who got involved in this review, whether individuals or representatives of local organisations and voluntary groups. The group are also grateful for the help of local dental surgeries in distributing our survey to their patients.

We are delighted to present our final report and recommendations, which we hope will be of help to NHS B&NES in their future commissioning of NHS dental services. We look forward to receiving their response to our recommendations in due course.

Cllr Adrian Inker

Cllr Dr Anthony Clarke

Cllr Cherry Beath

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What is Overview and Scrutiny?

The main decision making powers in Bath & North East Somerset Council lie with six Councillors who sit on the Cabinet. Overview & Scrutiny is the name given to the system of checks and balances implemented by the rest of the Councillors as they monitor the activity of the Cabinet and also assist them in developing policy.

There is a clear division between the roles and responsibilities of these two functions. The Cabinet is intended to create clear leadership and clear accountability for service delivery. By contrast Overview & Scrutiny is intended to review the work of the cabinet and to enhance the performance of services. It is also designed to provide a forum through which policy review and policy development can be extensively examined before consideration and decision by the Cabinet and/or full Council.

There are five Overview and Scrutiny Panels in Bath & North East Somerset which have responsibility for different areas. One of these is the Healthier Communities and Older People's panel, whose remit includes the scrutiny not only of social care services provided by the Council, but also of health services, and any aspect of local services which might impact on health and wellbeing.

What is health scrutiny?

A new power for local government in England to review and scrutinise health services came into law on 1 January 2003. This power gives all county, metropolitan, London borough, and unitary councils who have social services responsibilities the power to review, scrutinise and report on local NHS health provision on behalf of local people.

In Bath & North East Somerset this is done by the Elected Councillors who sit on the Healthier Communities & Older People Overview and Scrutiny (O&S) panel. They examine the running and planning of local health services, and as part of this role they may undertake reviews into aspects of local services which touch on the health and wellbeing of local residents.

Executive Summary

Key findings:

Range of Dental Services

The Task and Finish Group learnt in 2008 that there had been problems with the flow of patients between Dental Access Centres and General Dental Practice. It was suggested that the new dental contract's use of only 3 treatment bandings was de-incentivising dentists from carrying out more complex dental work, particularly if the patient had not been in regular attendance at their surgery. A reciprocal agreement to establish a flow of patients between the access centres and general practice which had been planned to start in 2008, had still not been initiated when the group came back to complete the second phase of the review, and the group are keen to see this agreement put in place.

The group discovered that there were problems with recruiting dental nurses to Dental Access Centres (DACs) in Bath & North East Somerset which appear to be being caused by a reluctance by University Hospitals Bristol NHS Foundation Trust, who provide the salaried dental services of which the DACs are part, to advertise in papers outside of the Bristol area.

Out of Hours services were also highlighted as an area of concern, with the Task and Finish Group hearing that patients might be finding the pathway confusing, or be being given conflicting or inaccurate information. This was particularly concerning for those needing emergency treatment, such as the re-implantation of a knocked out tooth where there is a small window of time when successful re-implantation is likely.

Sufficiency of NHS Dental Provision in the Bath & North East Somerset area

The Task and Finish group did a great deal of research in this area, and were delighted to find that the accessibility of NHS dental services appears to have significantly improved since they carried out phase 1 of this review. They noted the difficulty of accurately assessing need which is caused by the lack of patient registration under the current dental contract, but drew on a wide range of other sources which all pointed to the conclusion that NHS B&NES' £1 million investment in local NHS dentistry has been effective.

One of the aims of the review has been to "help the PCT to meet its aim 'for everyone to have access to a General Dental Practitioner (GDP) within 5 miles in urban areas and 15 miles in rural areas'". The evidence uncovered by the review suggests that NHS B&NES are successful in meeting this aim, however the Task and Finish Group gave some consideration as to whether this target was sufficiently ambitious, particularly for rural areas where it could be very difficult to travel up to 15 miles, particularly on public transport.

The group also noted that however much NHS dental provision is expanded, there will always be those who prefer not to regularly attend an NHS dentist, but who would choose to attend a dentist only when in pain, and that there is a need to provide appropriate services for them as well.

Equality of access for Bath & North East Somerset residents to NHS dental services

The Task and Finish group have been keen in this review to explore whether some groups of local people are less likely to be able to access NHS dental services than others. They have given particular consideration to children, older people, black and minority ethnic groups, people with disabilities, homeless people, and students.

The group feel that investment in children's oral health is vital to secure better oral health in the adults of the future, and have been interested in how this could best be promoted. They are particularly concerned with the issue of a school dental service, and how this could be revitalised, with particular emphasis on the known pockets of poor child oral health within the Bath & North East Somerset area, and children with learning difficulties. Orthodontics was highlighted as a key issue for Bath & North East Somerset, with waiting times greatly exceeding those in neighbouring areas. The group are concerned to be kept updated on investigations into the reasons for this.

The review also explored dental services for older people, particularly highlighting the needs of residents in care homes, and the group were pleased to learn that plans are in place to initiate an oral health check as people are admitted to care homes, which can be kept with their care plan. The group feel that a mobile dental unit could be used to visit care homes, for those residents unable to be transported to the Community Dental Service for treatment, and this could also be used to improve access for older people in isolated rural areas.

If a mobile unit was commissioned they suggest it could also be used for community health promotion work, and potentially to expand provision for those with physical disabilities.

The group found that for black and minority ethnic groups, migrant workers and students whose first language is not English, there was a lack of knowledge about entitlement to NHS dental services, and language and cultural barriers were preventing some people from accessing services. As well as a need for appropriate translation and interpretation services the Task and Finish Group have highlighted a need for appropriate dissemination of well-targeted information.

Homeless people, it was learnt also frequently do not know how to access dental services, and improved information is also vital for this group. The Task and Finish group noted a significant upwards trend in extractions amongst adults, and some rise in extractions amongst the 6 – 18 years old range, in the Bath & North East Somerset area between 2003-04 to 2007-08. It was suggested that those less able to articulate their wishes, or unable to seek alternative treatment elsewhere (including homeless people and those less able to pay for private treatment) could be particularly vulnerable to "unnecessary" extraction of teeth because, it was put forward, this was the cheaper treatment option.

Information and Communications

Whilst the group were pleased to see that access had improved over the last year, they are aware that *perception* of access is a separate issue. They feel that it is vital that there is now a strenuous focus on accurate, good quality information, formatted and disseminated in ways that suit the full range of local residents and the ways in which they prefer to access information. In particular the Task and Finish Group are concerned that the Dental Helpline should be further publicised, including on NHS B&NES' website and in telephone directories.

Recommendations

Recommendation 1: The Task and Finish Group recommend that University Hospitals Bristol NHS Foundation Trust work in co-operation with NHS B&NES and the Dental Access Centres in Bath & North East Somerset to ensure that advertisements for staff vacancies are run in publications in the area where the vacancies are available.

Recommendation 2: The Task and Finish Group support the speedy implementation of the informal arrangement between Dental Access Centres and General Dental Practitioners to ease patient flow between them. However, if this should prove difficult to initiate, they recommend a more formal patient pathway should be introduced

Recommendation 3: The Task and Finish Group recommend some considerable tightening up of the out of hours service pathway.

Recommendation 4: The Task and Finish Group recommend the implementation and communication to dental practitioners and patients of a clear pathway for those needing emergency dental services.

Recommendation 5: The Task and Finish Group recommend that the Healthier Communities and Older People Overview and Scrutiny Panel should add their voice to those calling for a reintroduction of patient registration. The Task and Finish Group look to Central Government to address this, and recommend that the Chairman should send a letter to Central Government on behalf of the Panel.

Recommendation 6: The Task and Finish Group recommend that investment is made in addressing children's dental health issues. They ask that NHS B&NES apply some creative thinking to this issue, and they might like to consider options such as a mobile unit visiting schools and community events to promote oral health.

Recommendation 7: The Task and Finish Group recommend that some form of revitalised school dental service should be introduced which would target intervention at areas where children are known to have poor oral health, and also towards children with learning difficulties.

Recommendation 8: The Task and Finish Group recommend that the Healthier Communities and Older People Panel should be kept informed by NHS B&NES on the progress and outcomes of the work currently being undertaken to resolve blockages in access to orthodontics services in the Bath & North East Somerset area.

Recommendation 9: The Task and Finish Group recommend that NHS B&NES give consideration to the possibility of providing a mobile dental unit which could visit care homes, and be used in rural areas to enable all people to access NHS dental services.

Recommendation 10: The Task and Finish Group would like to see dental care being treated as a vital part of wrap-around care for older people. They recommend that NHS B&NES keep the Healthier Communities and Older People Panel informed of the outcomes of work going on in care homes to complete an oral health check list when people are admitted.

Recommendation 11: The Task and Finish Group recommend the dissemination of clear information about NHS dental service for BME groups and migrant workers in different languages and formats which are suited to the needs of the intended audience. They suggest targeting community leaders, and the possible use of community locations to distribute information, such as GP surgeries, the Polish Delicatessen and so on.

Recommendation 12: The Task and Finish Group recommend that NHS B&NES consider what equalities training is available to dental practitioners and whether more is needed.

Recommendation 13: The Task and Finish Group recommend that NHS B&NES investigate the use of language link / translation services for NHS dental services, and how this is implemented in other areas of the country. Consideration should be given to the costs of introducing such a provision in this area.

Recommendation 14: The Task and Finish Group recommend that if a mobile dental unit is commissioned in this area for other uses, then NHS B&NES could also consider using it to increase physical accessibility to dental services for people with disabilities.

Recommendation 15: The Task and Finish Group recommend that further consideration is given to the dental needs of the homeless population in the Bath & North East Somerset area. In particular they recommend the provision of more, and clearer information, to enable homeless people to know how to access services. This should be in appropriate formats and distributed in suitable places such as hostels etc.

Recommendation 16: The Task and Finish Group recommend that the Healthier Communities and Older People Overview and Scrutiny Panel should make representation to national government about the need for a fundamental overhaul of the dental contract, in particular to address the issue of too few treatment bandings. The Chairman of the Panel should send a letter to Central Government on behalf of the Panel.

Recommendation 17: The Task and Finish Group recommend that NHS B&NES investigate the feasibility of translation/interpretation where appropriate for students whose first language is not English, to further enable them to access NHS Dental services

Recommendation 18: The Task and Finish Group recommend that clear information is made available in suitable formats placed in areas which students are likely to access, such as student bars, unions and so on.

Recommendation 19: The Task and Finish Group recommend that NHS B&NES place a strenuous focus on ensuring that correct information gets out in a variety of appropriate ways (not just using the internet). It should be ensured that information is formatted and disseminated in ways that suit the full range of local residents and their needs, and should be tailored to suit different groups within the population.

Recommendation 20: The Task and Finish Group recommend the further publicising of the local Dental Helpline number, making use of telephone directories, and ensuring the number is publicised on NHS B&NES' website.

Introduction

At their meeting on 4th March 2008, the Healthier Communities and Older People Overview and Scrutiny Panel resolved to set up a Task and Finish Group from within their membership to undertake a review of Equality of Access to NHS Dentistry. The Task and Finish Group was made up of a cross-party group of three local Councillors. The full Terms of Reference for the review can be found at Appendix 1.

NHS dental services for this area are commissioned by NHS Bath & North East Somerset (NHS B&NES), formerly known as Bath & North East Somerset Primary Care Trust (B&NES PCT). In May 2007 B&NES Primary Care Trust Board agreed to spend £1 million on additional General Dental Service provision in Bath and North East Somerset. The tendering process began in August 2007 and the successful bidders were informed in November 2007. From 1st April 2008 this additional £1 million began to be invested in new and additional general dental provision across the Bath & North East Somerset area.

In light of this additional investment, the Task and Finish Group decided to undertake their review in two phases. The first phase which took place from March to July 2008 involved the Task and Finish Group in undertaking research to establish how well local residents were able to access NHS dental services, and if there was equality of access to those services. The panel surveyed local residents, issued press releases, and spoke to the local LINks, key PCT commissioners, dentists, and voluntary organisations such as Action for Pensioners, Julian House, and B&NES Disability Forum. From this first phase of the review the Panel produced an interim findings report which can be found at Appendix 2, or accessed at http://www.bathnes.gov.uk/committee_papers/OandSHCOP/HCOP080916/15zAppendix2.pdf .

The Task and Finish Group returned to complete this review from April to August 2009, and this has given them the opportunity firstly to investigate whether the additional £1 million invested by NHS B&NES has been effective in improving the provision, and in particular the accessibility of NHS Dentistry in the Bath & North East Somerset area, and secondly to consider in more depth some of the issues highlighted by their interim findings report from Phase 1 of the review.

A facilitated workshop at the end of the second phase of the review has enabled the Task and Finish Group to consider their findings and produce this summary report and recommendations which will be submitted to the Chief Executive of NHS B&NES. It is intended that these recommendations will support NHS B&NES in their future work commissioning NHS dental services for the population of Bath & North East Somerset.

Purpose and Objectives

The aims of the review process have been to:

- Explore local NHS dental provision
- Examine whether local residents have fair and equal access to NHS dental services

- Evaluate if local residents are able to access a General Dental Practitioner within 5 miles in urban areas and 15 miles in rural areas
- Explore any "blockages" within the current system

The objectives of the review have been to explore how local people are able to access NHS dental services with a view to making recommendations to:

- Improve the current pattern of NHS dental provision in the area
- Improve equality of access to NHS dental services
- Help the PCT to meet its aim "for everyone to have access to a General Dental Practitioner (GDP) within 5 miles in urban areas and 15 miles in rural areas"

Methodology

The Task and Finish group have undertaken a number of research and evidence gathering activities in order to inform their findings for the second phase of their review.

They have continued to draw on all the information obtained during the first phase of the review, which is cited in their interim findings report (see Appendix 2)

Survey

The Task and Finish Group, jointly with NHS B&NES, commissioned a survey which was specifically targeted at new NHS dental patients generated by the £1 million investment made in 2008/09, both at the three new dental surgeries in the area, and the 3 surgeries who had additional capacity provided. The survey was broadly intended to investigate how effective the £1 million investment has been, and to discover a bit more information about the people who are now accessing services, i.e. had they previously been paying for dental care, not receiving any dental care, going to another area and so on.

The survey responses have been analysed and the outcomes fed into the Task and Finish Group's findings and recommendations.

Online and telephone survey of general dental practice accessibility

In the first phase of the review the Task and Finish Group undertook a one day survey in July 2008 using the online information on NHS dental practices in the area (available via the PCT's website at http://www.banes-pct.nhs.uk/services/Dentist.htm) to establish which practices were accepting each of the three categories of NHS patients (Fee paying adults, fee-exempt adults, children). This was then cross-referenced with a telephone check with each surgery to verify the online information. The results were produced both as a statistical snapshot of availability at one given point in time, but also by plotting the information on a map, the Task and Finish Group were able to see the geographical spread of practices accepting each category of patients.

This survey was repeated in the second phase of the review on one day in June 2009, and followed the same methodology.

Information Audit

The Task and Finish Group initiated some research into the information available on NHS dentistry, working from a starting point of the NHS B&NES website home page. The purpose of this was to explore how easy it is for a member of the public to find information on local dentistry. Phonecalls were also made to the numbers provided on the webpages, and the Task and Finish Group looked for information in various local telephone directories, and used internet search engines to look for information.

Benchmarking

The Task and Finish Group were interested to establish what NHS dentistry "looks like" in Bath & North East Somerset in comparison to other areas of England.

The Members therefore considered a number of Overview and Scrutiny reviews conducted in other areas of the country, many of which had some consistent themes.

They also looked at the NHS Dental Statistics for England, available from the NHS Information Centre at http://www.ic.nhs.uk/

National Dental Review

Co-incidentally, whilst the Panel have been conducting their local review, a national review of dentistry was announced in January 2009. The Task and Finish Group considered the final report of the independent national dental review led by Professor Jimmy Steele which was published in June 2009, and found there to be several areas of convergence between its conclusions and their own. The national dental review report can be found at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_101137

Interviews

As in the first phase of the review, the Task and Finish Group Members gathered in a large amount of evidence by conducting face to face interviews, alongside e-mail and telephone interviews.

During this phase of the review they were grateful to the following individuals and organisations who gave their time to help inform the review:

- Dr Liz Robb, Senior Dentist, Avon Salaried Primary Care Dental Service
- Julia Griffith, Assistant Director of Primary Care Development, NHS B&NES
- Jane Timothy, Deputy Chair, Avon Local Dental Committee
- Team Manager, Bath & North East Somerset Council Family Placement Team

- Representatives from Three Ways School
- Somer Housing
- Action for Pensioners
- B&NES Race Equality Council
- Local Ward Members
- Local Primary Schools
- Local NHS Dentists

Findings

Range of NHS Dental services available in the Bath & North East Somerset area

NHS dental services in the Bath & North East Somerset area are commissioned by NHS B&NES, and there are four key types of dental service available:

1) General NHS dental services are provided to local people by dentists or dental practices who have a contract with NHS B&NES.
2) Community Dental Services (CDS) which provide services to people with special needs who require specialist facilities or care at home
3) Dental Access Centres (DACs) which provide pain relief sessions and services to people who find it difficult to access a general dental practice
4) Out of hours services for people who need an urgent response in the evenings, weekends or bank holidays

General dental services are commissioned directly by NHS B&NES. CDS, DACs and Out of Hours are provided by a salaried primary care dental service whose staff are employed by University Hospitals Bristol NHS Foundation Trust (UHB). More details about these services are contained in the Interim Finding report, available at Appendix 2

In the first phase of their review the Members were concerned to discover problems in patient flow between general dental practice and the Dental Access Centres. The Task and Finish Group heard that because of the way the dental contract is currently structured, with only 3 bands of treatment, dentists get paid the same amount of money whichever part of the band the patients' treatment needs fall in. For example, to carry out Band 3 work attracts a payment of £198, but can include making dentures, or doing crowns or bridge work. Dentists point out that the cost of this work can exceed £198 and any extra costs must be borne by the practice themselves. There is therefore little incentive for dentists to treat those with the most complex needs, particularly if the patient is not a regular patient previously visiting that dentist. In the summer of 2008, the Task and Finish Group found that this was having an adverse knock on effect on the Dental Access Centres in the area, who were inevitably picking up the work of treating those who had complex dental needs and could not find a general dental practitioner to take them on. This was preventing the DACs from focusing on their intended remit of pain relief.

This pressure on the Dental Access Centres, who were therefore doing more work than their original remit, was being exacerbated by a lack of staff, and the Rushill DAC had been temporarily closed for this reason.

The Task and Finish Group were therefore pleased to learn in this second phase of the review that these staffing issues have now been resolved and that the Dental Access Centres and Community Dental Services are running at full staff strength. The one exception to this was a problems with recruiting dental nurses: Members learnt that because DACs and CDS are commissioned from University Hospitals Bristol NHS Trust (UHB), advertisements for dental nurses are run only in Bristol newspapers. This is leading to a poor response, because, it was suggested, Bristol dental nurses do not want to travel to Bath to work, and dental nurses based in Bath who might apply are not seeing the adverts. The DACs and NHS B&NES have tried to get adverts run in local Bath newspapers, but have been informed by UHB that this is not possible. The Task and Finish Group therefore recommend that University Hospitals Bristol

NHS Trust (UHB) should work with NHS B&NES and the DACs to ensure that adverts are run in the area in which vacancies are available.

Recommendation 1: The Task and Finish Group recommend that University Hospitals Bristol NHS Foundation Trust work in co-operation with NHS B&NES and the Dental Access Centres in Bath & North East Somerset to ensure that advertisements for staff vacancies are run in publications in the area where the vacancies are available.

With regard to patient flow between the General Dental Service and the Dental Access Centres, in 2008 the Task and Finish Group were encouraged to learn that talks had been successful in producing an informal arrangement to help ease patient flow between them. It was explained that this was an agreement to allow a reciprocal flow between the two services, which was felt to be good practice, and if successful could well act as a model for other areas in the country.

The Task and Finish Group were extremely disappointed therefore to learn that one year on this reciprocal arrangement had still not been initiated. They were advised that it was about to begin and that the delay had been caused by the staffing issues referred to above, which had meant the DACs were not in a position to reciprocate by taking on dental patients with complex needs from general practitioners. As this staffing shortage has now been resolved, the Members were assured that the arrangement was to start imminently. The Task and Finish Group continue to support this proposed arrangement, however given their considerable concern that things had not moved on over the last year, they would recommend that if an informal arrangement should prove difficult to initiate, a more formal patient pathway should be instituted.

Recommendation 2: The Task and Finish Group support the speedy implementation of the informal arrangement between Dental Access Centres and General Dental Practitioners to ease patient flow between them. However, if this should prove difficult to initiate, they recommend a more formal patient pathway should be introduced

An area of difficulty which was touched on in the first phase of the review, but which has been more consistently highlighted by the interviews conducted in the second phase, is that of Out of Hours provision. The group heard about problems with staffing of Out of Hours, with no clinic running on a Saturday for this reason, and also learnt that informal anecdotal feedback from patients has suggested that out of hours services are poorly signposted and that there is no clear pathway for patients. The Task and Finish Group used a case study example of a patient experiencing dental trauma out of hours, and how they would go about accessing services, in order to explore this issue further.

In England, 10% of the population experience a dental injury each year, with 8% having tooth loss (the medical terminology is an avulsed tooth). This equates to 18 lost teeth per 1000 population. Given that the population of Bath & North East Somerset is 180,000 this suggests 3000 teeth lost annually in Bath & North East Somerset. Some of these will be primary teeth and will not, as a rule need treatment, and young males, who are most at risk of dental injury, sometimes choose not to do anything about a single tooth or even two or three missing teeth. However for those patients who lose a tooth and need to get it re-implanted, there is a very short window of a few hours within which successful re-implantation is likely. If the trauma takes place during regular dental opening hours, a patient could attend their own dentist or the Dental Access Centre. However there appears to be some confusion over what should and what is happening if this happens out of hours. It was explained to the group that prior to the new contract being issued in 2006, the out of hours service was run by local dentists and a dentist

could be accessed to deal with such dental trauma. However there is now nowhere for patients to go other than to Accident and Emergency (A&E), and it was suggested that certainly in Bristol, patients are being turned away from A&E without treatment. It seems unclear whether a service is available at the RUH in Bath, because some of those interviewed thought that patients would be seen at the RUH, but contact with doctors at the RUH themselves has suggested that this is very much dependent on the individual maxillofacial consultant on duty, and whether they were prepared to do "dental" work. Given the figures cited here, it is clear that an emergency service is required and clear information is needed on how to access it.

There appear therefore to be two key issues. Firstly, there is a lack of consistent information as to what the out of hours service provides, and what the pathway is for a patient, for example, experiencing dental trauma (an avulsed tooth). Secondly, if as was suggested to the Task and Finish Group, patients going to Bristol A&E are being turned away, whilst those going to the RUH may be treated, this is a clear area of health inequality, and those living in the Keynsham or Chew Valley areas might be particularly prone to unwittingly making the "wrong" choice of where to go, and permanently losing a tooth as a result.

The Task and Finish Group therefore recommend that the pathway for out of hours services needs some considerable tightening up, and there needs to be a clear pathway for those needing emergency dental services, which is communicated effectively to dental practitioners and patients alike.

Recommendation 3: The Task and Finish Group recommend some considerable tightening up of the out of hours service pathway.

Recommendation 4: The Task and Finish Group recommend the implementation and communication to dental practitioners and patients of a clear pathway for those needing emergency dental services.

Sufficiency of current NHS Dental provision in the Bath & North East Somerset area

As noted in the first phase of the Dental Review "as patients are no longer registered with a practice it is very difficult to get statistical evidence of whether there is sufficient provision of dental treatments, and if the number of people able to access an NHS dentist is at an appropriate level." This continues to remain the case, and the Task and Finish Group were once more minded of the difficulties caused by lack of registration of patients with their dentist. They were interested to note, that following on from the Health Select Committee's recommendation in 2008 that registration should be reintroduced, the national independent dental review concludes that there should be an "annual per person registration payment to dentists within the contract to provide greater security for dental practices, and greater accountability on all sides".[1] This emphasis on payments for continuing care suggests a move towards reintroducing patient registration, and this is something which the Task and Finish Group would endorse. They consider the current lack of registration to be a significant issue, and look to Central Government to redress it.

Recommendation 5: The Task and Finish Group recommend that the Healthier Communities and Older People Overview and Scrutiny Panel should add their voice to

[1] An independent review of NHS dental services in England. P7

those calling for a reintroduction of patient registration. The Task and Finish Group look to Central Government to address this, and recommend that the Chairman should send a letter to Central Government on behalf of the Panel.

Overall the Task and Finish Group feel that the £1 million investment in NHS Dentistry, made by NHS B&NES appears to have been effective in increasing access, particularly for those populations where additional places were commissioned. It should be noted that significant investment has also been made by the dentists who have opened new practices or expanded facilities, and this has also been instrumental in improving access. The research from the second phase of the review supports this view, although one interviewee felt that where places had become available because of additional investment, they had quickly become full up again, and lists had been re-closed. However NHS B&NES have invested further money in 2009/10 and it is possible that there will be peaks and troughs of access as lists open up and then reclose as places are taken up by patients. The one-day telephone and online survey showed that there had been noticeable improvements in the numbers of dentists accepting all three categories of patient, as shown in Graph1 and Table 1 below.

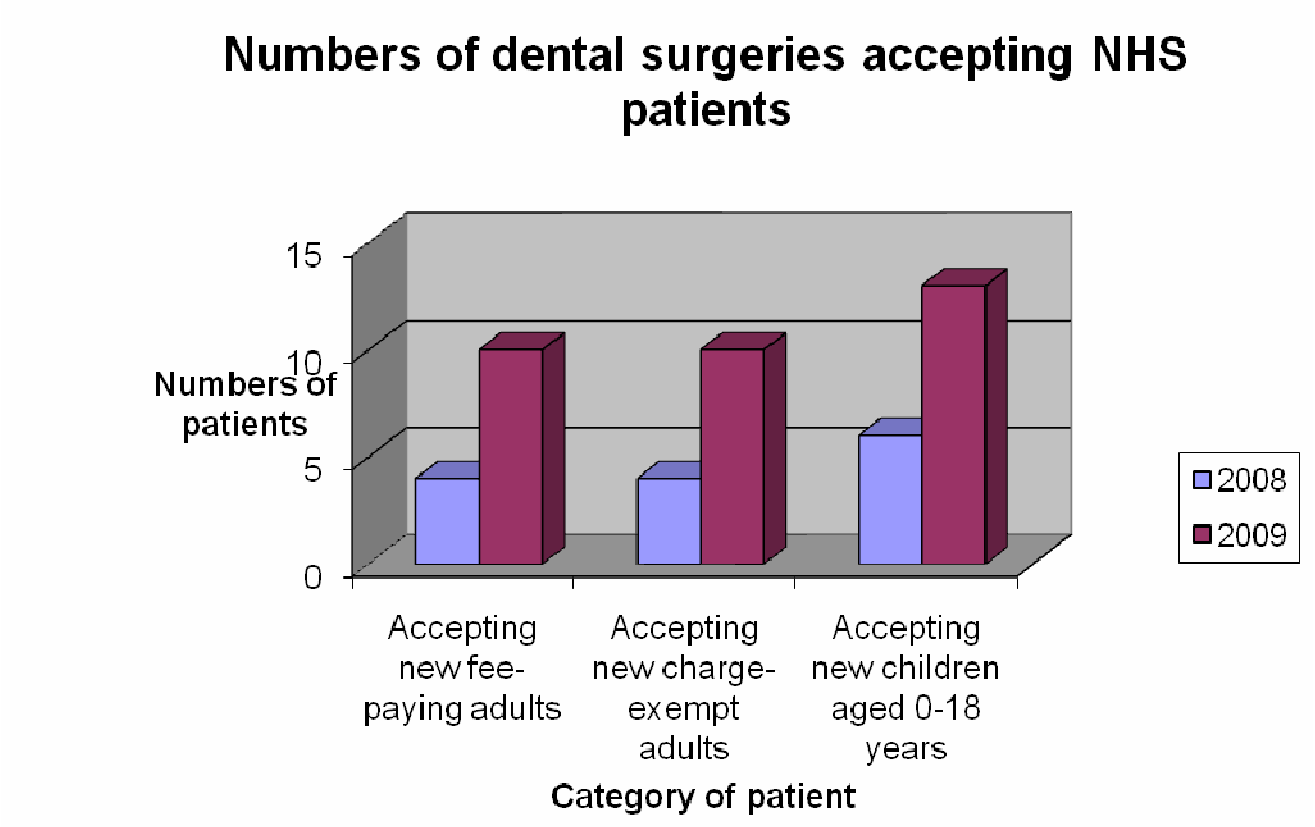


Table 1:

Category of NHS Patient	Nos of dental surgeries accepting new patients in 2008	Nos of dental surgeries accepting new patients in 2009	Percentage increase between 2008 and 2009
Fee paying adults	4	10	150%
Charge-exempt adults	4	10	150%
Children aged 0-18	6	13	117%

The greatest increase has therefore been for both fee paying and charge exempt adults, which given that access for children was previously better than for adults, is probably the right area for greater improvement.

These figures, and the information gathered in interviews are all backed up by figures published by the NHS Information Centre which demonstrate that the numbers of patients seen in Bath & North East Somerset had steadily declined since March 2006 (the new contract was introduced in April 2006) but have started to pick up over 2008. This increase is particularly amongst adult patients, whilst the numbers of child patients being seen has stabilised over 2008.[2]

Over half of respondents to the survey commissioned by the Task and Finish Group and NHS B&NES said they had noticed an improvement in local dental services in the last 12 months, and 75% agreed they were satisfied with the provision of dental treatment in Bath and North East Somerset, with only 6% disagreeing with this.

During the first phase of the review the Task and Finish Group explored the distances people had to travel to access an NHS Dentist which was accepting adult patients. They found that for those residents living in the Chew Valley and Mendip areas of the authority there were often significant distances to travel to access an NHS Dentist. A patient living in Ubley for example would have to travel either 11.5 miles (approx) to a dentist in Midsomer Norton, or 13.5 miles (approx) to a dentist in Keynsham. Some patients were travelling out of the Bath & North East Somerset area to see a dentist whilst others were coming in to Bath & North East Somerset practices from other areas. It was difficult to quantify this, because of the lack of registration, and therefore a lack of information on which patients were attending where. However, from the survey results, it appears that the investment has been largely effective in reaching Bath & North East Somerset residents in need of an NHS dentist. 90% of respondents said they were residents of Bath & North East Somerset, so only 1 in 10 is accessing services from outside of the area. In some practices the number of Bath and North East Somerset residents was as high as 97%. The results of the survey also support other evidence that NHS B&NES is meeting its own target of access to a General Dental Practitioner within 5 miles in urban areas and 15 miles in rural areas. The survey revealed that 75% of respondents live within 0-3 miles of their current dentist, with a total of 90% living within 5 miles of their dentist. 7% of respondents who lived outside Bath & North East Somerset lived 16 miles or more away, as compared to only 0.37% of Bath & North East Somerset residents. Of those who responded to the survey, 93% were happy with the current location of their dentist.

However the Task and Finish Group had some concerns that the target of access to a General Dental Practitioner within 5 miles in urban areas and 15 miles in rural areas might not be sufficiently ambitious, and that it did not allow for the problems of transport, particularly in more

[2] Information available at http://www.ic.nhs.uk/

rural areas. Many of those interviewed by the group pointed to gaps in access in rural areas, where there are fewer surgeries. Fifteen miles by public transport in a rural area could take some considerable time, and inconvenience, to cover. The Task and Finish group were also concerned that a blanket target of 15 miles in rural areas and 5 miles in urban areas may not be appropriate to help address health inequalities, where the issue is not to create a level playing field, but rather to remove the specific barriers which some people face in accessing services. The Task and Finish Group have given further consideration to how this issue might be addressed with particular reference to older people living in rural areas, later in this report.

The Task and Finish group were interested to find out if the people who were able to access a dentist because of the additional investment, had previously been accessing dental care, and if so whether this was private or another NHS provider. The survey revealed that two fifths of respondents had moved to their current NHS dentist from a private one, whilst another 39% had been previously registered with a different NHS dentist. 17% had previously had no dentist at all. It was significantly more likely that respondents from the surgeries at Keynsham (49%), Oldfield (44%) and Bathampton (41%) had previously been attending a private dentist, than those now attending Twerton practice (19%). Those attending Oldfield and Twerton practices were significantly more likely to have had no dentist at all than the other areas. Keynsham in particular only had 9% of respondents who had previously not had a dentist at all.

The survey results appear to suggest that patients with an NHS dentist have been more likely to move dentist than those with a private one. 46% of patients who had previously been with a private dentist had been with that dentist for more than 10 years, whilst 57% of those who had been with another NHS dentist had been with them for less than 5 years, 15%, for a year or less. There were also differences when it came to reasons for moving to their current NHS dentist. 80% of those who had been with a private dentist moved to their current practice, specifically in order to gain access to an NHS dentist. Those who had previously had another NHS dentist were most likely to have moved to their current practice because it was closer to home. 78% of those with no previous dentist had unsurprisingly started attending their current practice in order to access an NHS dentist. This corresponds to responses about what had previously prevented people from accessing an NHS dentist. Three quarters of all respondents who said that something had prevented them accessing an NHS dentist in the past, said this was because of a basic lack of NHS dentists taking on patients. However the expense of seeing a dentist was also a significant factor for those who had previously been with another NHS dentist or had not been to a dentist at all. It was much less of a factor for those who had previously been with a private practice. This data suggest that patients are now starting to come back to NHS dentists from the private sector after some length of time, whilst patients who have remained within the NHS are finding practices closer to home, and some of those who have not previously had a dentist are finding one.

However the Members note that whatever the investment put into NHS dental services, not everyone will choose to access regular mainstream dentistry. One interviewee highlighted, and this was supported by the independent national review, that not everyone wants to see a dentist on a regular basis, and urgent care needs to be available to meet their needs as well.[3] This was supported by the survey which showed that whilst 72% of respondents would like to see a dentist every 6 months, 5% would only want to see a dentist when they had a problem. 7% of respondents' last visit to the dentist had been for pain relief and this was more prevalent amongst males than females (12% of men compared to 4% of women). Those patients who had

[3] An independent review of NHS dental services in England. P6

not previously had a dentist were also significantly more likely to attend for pain relief. A fifth of respondents had made their last visit to the dentist because they knew they needed dental work doing. Just over a third (34%) were looking to find a regular dentist.

In summary, all the evidence suggests that the decisions taken by NHS B&NES to invest the £1 million as they did in the areas they chose, have been effective, and the Task and Finish Group would like to endorse those decisions and commend the good work done by NHS B&NES in this regard.

Equality of access for Bath & North East Somerset residents to NHS dental services

As noted in the interim findings report, the Task and Finish Group were particularly concerned to undertake this review in the context of the health inequalities agenda. Health inequalities are described by the Department of Health as "differences in people's health between geographical areas and between different groups of people". In practical terms for this review, this means that some people will have poorer dental health and may be less likely to be able to access NHS dental services than others. For example, it is noted that in the Bath & North East Somerset (as in other areas) there is a high correlation of child tooth decay with the most deprived areas.

Task and Finish Group members undertook a series of interviews in the first phase of the review with key stakeholders to establish whether some groups were less likely than others to be able to access NHS Dental Services. They have followed this up in the second phase of the review with further targeted interviews and research which have focused on the following key groups/areas:

- Services for children
- Services for older people
- Services for black and minority ethnic communities
- Services for those with disabilities

They have reached the following conclusions and recommendations:

Children

An Overview and Scrutiny report into NHS Dentistry by Tower Hamlets in London, noted that child levels of dental decay act as a marker for adult levels, and the Task and Finish group agree that whilst good dental health and habits established at an early stage will be carried on into adulthood, the reverse is true. They therefore have been particularly interested in this second phase of the review with the services provided to children in our area.

As was noted in the first phase of this review (see Appendix 2), there are some pockets of poor oral health among local children, where levels of dental decay are greater than for others across the area. The Task and Finish Group contacted the Ward Councillors for all these areas, one of whom commented that she felt outreach work was needed, to educate parents and carers.

A focus on educating parents/carers or teachers appears to be the current approach to children's oral health. The group learnt that the school dental service which used to consist of school inspections was decommissioned many years ago, and they heard arguments that there

is no evidence that it actually helped to improve children's oral health. The Task and Finish Group heard that there is an Oral Health Promotion Team for Avon comprising of 1 full time equivalent member of staff and a 0.8 full time equivalent dental nurse. Whilst one part of this team's work includes schools, they are not a schools dental service, and their work primarily focuses on training the trainers. As has been previously noted, some people feel that the old style school dental service was not effective in any case, and the group heard from one interviewee that it was felt the work of midwives and health visitors to educate new parents is of greater importance.

Until 2005 all children were screened in Bath & North East Somerset at the age of 5 but no care was offered as a result, and this has now been targeted solely at special schools. Dental care and advice in schools now appears to be a largely adhoc affair, in the main dependent on the interest of the school, and often on the goodwill of local dentists, or parents or governors who happen to be dental practitioners.

The Task and Finish Group wrote to all primary schools in the Bath & North East Somerset area and learnt that in one school a governor who is a dentist comes in to talk to year 3 pupils, while a local dental hygienist talks to the same age pupils in another local primary school. A third school has a visit from a local dentist in year 4. All of these are in the context of projects on oral health. Three Ways School, a special school in Bath offers some one to one work with pupils on health and self-care which includes brushing of teeth, however it was noted that support from a dental hygienist to teach children with learning difficulties about dental self-care would be of value.

A parent of a child with learning difficulties, responding to the group, commented on the variable nature of the dental service for children with learning difficulties. Whilst the Community Dental Services were in themselves accessible, they pointed out that it was frequently very difficult to access public transport in order to get to the CDS in the first place. It was also noted that there is no NHS orthodontic or cosmetic service available to those with learning difficulties, meaning that if parents are unable to afford private care, such work goes undone.

Orthodontics arose as an issue for all sectors of the child population in Bath & North East Somerset. Work is ongoing at the moment, initiated by NHS B&NES to discover the reason behind an apparent blockage in orthodontics in B&NES. Whilst patients in Bristol only have to wait about a month to access orthodontics services, in Bath & North East Somerset the wait is up to two years. There is some uncertainty as to why this should be, as ostensibly it appears that sufficient levels of service are being commissioned. The Task and Finish Group are concerned about this unexplained disparity, and wish to be kept briefed on the progress of investigations, and what action is taken to redress this difficulty.

Before making any recommendations it is important to note that there is currently no provision for prevention in the current dental contract, a gap noted by the independent national dental review which recommends an increased focus on prevention in future.[4]

However, the Task and Finish Group are strongly convinced that an investment in children's dental health will pay dividends in adult dental health in the future, and they feel that some creative thinking is required in this area. As noted by one interviewee, a failure to address child oral health difficulties can lead in some cases to "unnecessary" general anaesthetic as

[4] Ibid. P6

extraction under general anaesthetic is frequently the only recourse for dealing with cavities in young children, unless they know the dentist well and trust them.

The Task and Finish group gave consideration to a number of possible initiatives in this area. They discussed the possibility of a mobile unit being used in part to raise awareness at schools and at community events about the importance of good oral health particularly in childhood. Further, they felt that some revitalised school dental service should be introduced which should target intervention at areas where children are known to have poor oral health, and towards children with learning difficulties.

Recommendation 6: The Task and Finish Group recommend that investment is made in addressing children's dental health issues. They ask that NHS B&NES apply some creative thinking to this issue, and they might like to consider options such as a mobile unit visiting schools and community events to promote oral health.

Recommendation 7: The Task and Finish Group recommend that some form of revitalised school dental service should be introduced which would target intervention at areas where children are known to have poor oral health, and also towards children with learning difficulties.

Recommendation 8: The Task and Finish Group recommend that the Healthier Communities and Older People Panel should be kept informed by NHS B&NES on the progress and outcomes of the work currently being undertaken to resolve blockages in access to orthodontics services in the Bath & North East Somerset area.

Older People

The results of the survey of patients suggest that dentistry is particularly important to older people, with 99% of those aged 55 and over agreeing that everyone should be entitled to an NHS dentist, compared to 92% of those aged 35-54.

The interim findings report (Appendix 2) noted that there was a significant gap in services for older people in residential or nursing care. They learnt that under the new dental contract the Domiciliary Service no longer exists as it used to. They heard that a dentist from the Dental Access Centre was spending one day per week going out to care homes but that this was reactive work, for example attending to patients who have lost fillings or dentures. It was felt that a lot more could and should be done in this area. Accordingly the Task and Finish Group decided this was a key area of focus for the second phase of the review.

The group learnt that dentistry for older people is becoming a more complex area. Historically older people were quite likely to have dentures, which could be maintained quite easily by a dentist through a visit to a care home. However with levels of oral health improving in general terms among the wider population, there is and will continue to be an increasing number of older people not only with their own teeth, but who have also had more and more complex work done on those teeth. A dentist advised the group that this brings problems in two areas. Firstly it is more complex and more costly to maintain teeth the more work has been done on them in the past. Secondly, it is very difficult to do more than restorative work to dentures in a domiciliary setting, because of the need for dental equipment and supplies.

It appears that this is an issue which is more likely to affect older people in care homes, who might be expected to be less independent than others, for example those in sheltered housing schemes. Councillors contacted Somer Housing to ask if residents in their sheltered housing schemes were experiencing difficulties with accessing NHS dental care, and the response was almost universally positive, with residents having little or no difficulty in accessing services. The only exception to this was that physical access could occasionally be problematic.

However, Action for Pensioners were clear that for many of their members there could be difficulties in accessing NHS dental services, largely through issues such as transport, physical access and a lack of clear information.

For those in care homes there certainly is an issue, and as outlined above, it is debatable whether reintroducing some kind of domiciliary service would be effective in the long-term because of the limits to what kind of work can be done away from a fully equipped dental surgery. It was argued that it was better if the patient could be transported from the care home to the Community Dental Service who had more time than general dental practitioners (because they are salaried rather than being paid on units of dental activity) to physically help patients into the room and chair and so on. However in some cases it is not possible to transport patients, and the Task and Finish Group see this as a gap in service.

One possible solution to this might be provision of a mobile dental unit which could go to the care homes, rather than residents having to go to the dental surgery.

The same mobile unit could also be used in rural areas where it has been highlighted that older people are particularly vulnerable to being unable to access dental services which may be up to 15 miles away, and difficult if not impossible to reach by public transport.

Recommendation 9: The Task and Finish Group recommend that NHS B&NES give consideration to the possibility of providing a mobile dental unit which could visit care homes, and be used in rural areas to enable all people to access NHS dental services.

The Task and Finish Group were also interested in what could and is being done in terms of prevention work for older people. They learnt that the Oral Health Promotion Team can go into care homes to talk about care of teeth, and the Members would encourage that, and would welcome information on how that works in practice.

They also learnt of another initiative being put in place by the Community Dental Service and NHS B&NES whereby care homes will be asked to complete an oral health check list when people are admitted, which could then sit with the person's care plan, and at the very least act as a prompt to consider the dental needs of residents. It was noted that ideally it would be preferable for more proactive work to be done, with a "medical" being carried out on teeth as residents are admitted to homes, and the Task and Finish Group endorse that view.

Overall the Members felt it was important that dental care for older people was not seen in isolation, but as a vital part of wrap-around care for older people, which should be given the mainstream attention it deserves.

Recommendation 10: The Task and Finish Group would like to see dental care being treated as a vital part of wrap-around care for older people. They recommend that NHS

B&NES keep the Healthier Communities and Older People Panel informed of the outcomes of work going on in care homes to complete an oral health check list when people are admitted.

Black and Minority Ethnic Communities

The Task and Finish group were grateful to receive additional information from Bath & North East Somerset Racial Equality Council (BREC) during this second phase of their review, and are glad that the group's interest in NHS dentistry has led to further work on the issue. The group learnt that for many people in black and minority ethnic communities, and also for migrant workers, the patient pathway for dental services was perceived as being too complex, and many were not even attempting to start it. They heard that some people were using their trip back home, for example to India, to visit a dentist there where it was felt that services were cheaper and more accessible. However, as visits back home might be in the region of every 3 – 5 years, people were at risk of "storing up" dental problems.

Overall it was highlighted that there is a real lack of knowledge about entitlement, and cultural and language barriers are preventing people from accessing services. Lack of human translation and interpretation was cited as a problem, and it was queried whether there is access to language line for dental patients.

The Task and Finish Group felt that if language was proving a barrier in this instance, this gave a good indication that similar problems were probably being experienced by those with mental health issues, learning difficulties, and the very old.

The Group felt it vital that there should be an appropriate level of support for black and minority ethnic communities and migrant workers to enable them to access services in a fair and equitable manner. They considered that some of this could be enabled by ensuring that clear information is available in different languages and also in formats and disseminated in ways which are of relevance and help to those they are targeted at. In general terms, the Group would like to caution against an over-reliance on internet technology to disseminate information, as there can be a false assumption that most people access such technology, when in reality they do not.

Rather, they would suggest the appropriate targeting of information, ensuring that community leaders are well informed, and perhaps placing information in key community locations such as shops (the Polish Delicatessen was cited as an example), GP surgeries etc.

Recommendation 11: The Task and Finish Group recommend the dissemination of clear information about NHS dental service for BME groups and migrant workers in different languages and formats which are suited to the needs of the intended audience. They suggest targeting community leaders, and the possible use of community locations to distribute information, such as GP surgeries, the Polish Delicatessen and so on.

The group would also like to recommend that consideration is given to what equalities training dental practitioners undertake and if more is needed.

Recommendation 12: The Task and Finish Group recommend that NHS B&NES consider what equalities training is available to dental practitioners and whether more is needed.

Further they recommend the investigation of the use of language link/ translation services, and how this is being done in other areas of the country, and what the costs would be to introduce it in the Bath & North East Somerset area.

Recommendation 13: The Task and Finish Group recommend that NHS B&NES investigate the use of language link / translation services for NHS dental services, and how this is implemented in other areas of the country. Consideration should be given to the costs of introducing such a provision in this area.

People with disabilities

The first phase of the review uncovered that there were significant problems for people with disabilities in physically accessing NHS dental services. A limited number of NHS practices were accessible for wheelchair users, with many practices being on the first floor with no lift.

Since 2008 the situation has improved as the three new dental surgeries in the area are all DDA compliant, and therefore accessible. It is encouraging that the dental survey found that respondents who were registered disabled (72%) were significantly more likely than those who were not (52%) to have noticed an improvement in local dental services in the last 12 months. However where people live continues to makes a great difference, as the local surgery might not be accessible and transport for some miles might then be necessary. The interim report noted that "Such travel is costly and it was highlighted that Disability Living Allowance and Incapacity benefits do not cover the costs incurred by disabled people in obtaining dental treatment."

Issues were also raised in the interim report around whether dentists were prepared to take on disabled patients. It was argued that some dentists found it difficult to cater for disabled people, particularly those with high communication support needs. There was a query as to whether disability equality training was provided for dentists as part of their training.

The group also took an interest last year in services for morbidly obese people, as an example of where a group of people might find their needs unmet. On examining this in more detail in this phase of the review, it appears that this may be a cross-dental service communication issue, rather than a lack of service. A dentist informed the panel that the dental chairs used in general dental practice are suitable for people weighing up to 20 stones, and that there was therefore no capacity to treat patients of greater weight. However, the group were informed that the Community Dental Service has chairs which are suitable for people up to 35 stones. It is possible there is simply a misunderstanding, however if it is the case that dentists themselves are not being made aware of how such services can be accessed or even that they are available, then it is unreasonable to expect patients to know. The issue of communication between different areas of the local dental service is addressed in more depth later on in this report.

In terms of addressing the issues faced by people with disabilities in getting transport to an accessible dentist, it is interesting to note that in Tower Hamlets the Overview and Scrutiny Committee recommended the offer of access to a mobile unit for all people with disabilities if they wished to use it. The Task and Finish Group feel this is something which could be considered in this area if a mobile unit were to be commissioned.

Recommendation 14: The Task and Finish Group recommend that if a mobile dental unit is commissioned in this area for other uses, then NHS B&NES could also consider using it to increase physical accessibility to dental services for people with disabilities.

Other areas considered in phase 1 of review

There were some areas of potential health inequalities which the Task and Finish Group covered in the first phase of their review, but did not feel needed further research in this phase. These were:

Services to Homeless People

The group found that that there are some key issues with NHS dental care for homeless people. In part these relate to a need for more, and clearer information, as it was explained that homeless people often do not know how to access appropriate NHS dental services, or with frequently chaotic lifestyles are unable to comply with requirements to reliably attend pre-booked appointments. It was also noted that homeless people generally do not have support systems in place to provide aftercare for those having hospital dental treatment. It was suggested that it would be helpful if there was a facility for homeless people to stay in somewhere overnight after such procedures.

Transport was another key barrier to homeless people receiving appropriate NHS dental services, particularly when people are moved away from central Bath (where they can access services at Riverside) to social housing in more outlying areas.

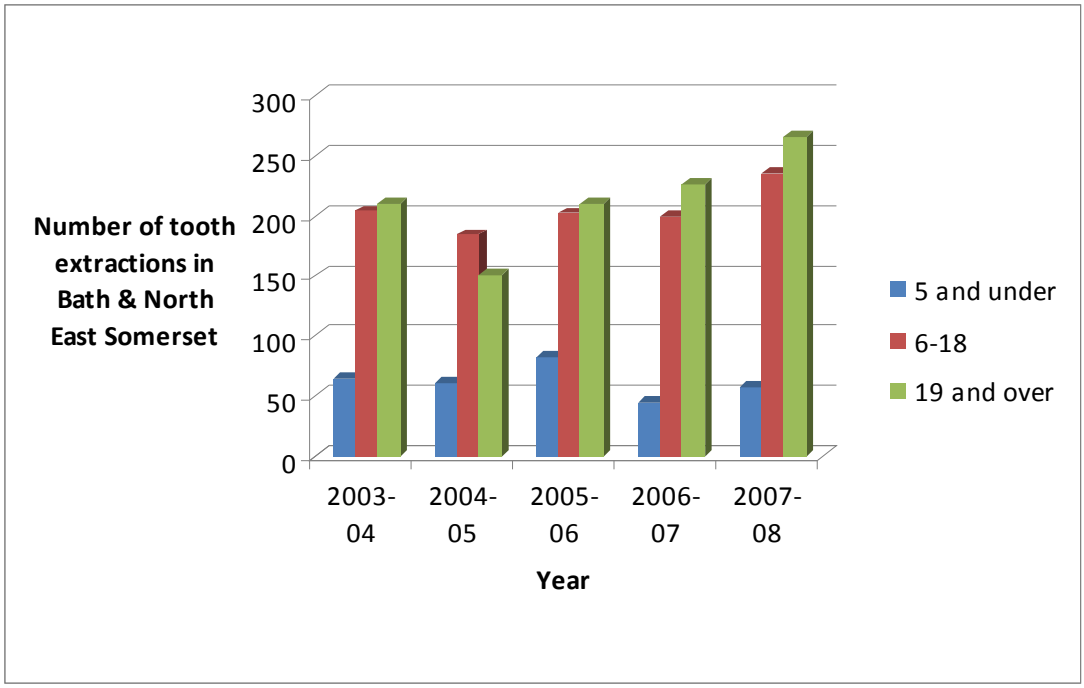
Recommendation 15: The Task and Finish Group recommend that further consideration is given to the dental needs of the homeless population in the Bath & North East Somerset area. In particular they recommend the provision of more, and clearer information, to enable homeless people to know how to access services. This should be in appropriate formats and distributed in suitable places such as hostels etc.

The group also heard that there was some evidence that nationally under the present contract, due to issues of cost-effectiveness, increased numbers of extractions may be taking place, rather than more complex dental work being performed. Anecdotal evidence raised concerns that homeless people, who may be less able to articulate their wishes than better resourced patients, can be more vulnerable to experiencing this.

The Task and Finish Group were interested to note an article in the Bath Chronicle on 23rd March 2009 which highlighted that there had been a 76% increase in extractions in the Bath & North East Somerset area. Further research by the group in this second phase of the review revealed that while this was the case between 2004-05 and 2007-08, there had in fact been a considerable dip between 2003-04 and 2004-05 which was making the statistics look worse than they might otherwise. (see Figure 2 below). However, it remains the case that there is a clear and significant upwards trend in extractions amongst adults, and there has also been some rise in extractions amongst the 6 – 18 years old range. Child extractions remain reasonably steady, if not a little lower now than in 2003-04. There has been some suggestion that this pattern of increased adult extractions is due to more people seeing a dentist. However the statistics on patient activity do not support this assertion as, as has been noted earlier in this report, the

number of patients seeing a dentist in Bath & North East Somerset actually declined steadily from March 2006 to March 2008, with an upturn only beginning after that.

Figure 2



It is certainly a real risk that those less able to either articulate their wishes, or indeed seek alternative treatment or advice elsewhere might end up disproportionately vulnerable to losing teeth when it is dentally not necessary. Bassetlaw Overview and Scrutiny Committee cited the case of a patient who had to have her tooth extracted, because her dentist was unable to perform the necessary root canal treatment, other local NHS dentists had long waiting lists, (she was unable to remain on antibiotics for the time it would take to reach the top of the waiting list) and she could not afford private care.[5] This is clearly an issue of some concern, and it has been argued, has been largely caused by the condensing in the new dental contract from 463 treatment options to 3. There is clearly a case for some middle ground, creating a greater range of treatments than 3, so that dentists can be adequately paid for carrying out more complex dental work, thereby avoiding unnecessary extractions on the basis of cost.

The Task and Finish Group would therefore like to add their voice to support suggestions that a fundamental overhaul of the dental contract is needed, particularly to address this issue of treatment bandings.

Recommendation 16: The Task and Finish Group recommend that the Healthier Communities and Older People Overview and Scrutiny Panel should make representation to national government about the need for a fundamental overhaul of the dental contract, in particular to address the issue of too few treatment bandings. The Chairman of the Panel should send a letter to Central Government on behalf of the Panel.

[5] Report available at www.cfps.org.uk/downloadpdf.php?p=2026

Students

The other group considered in the first phase of the review were students. Their key needs were focused around the lack of capacity to see them all at the dental clinic on site at Bath University, and once referred away from site, difficulties in accessing transport to other dentists, and a language barrier for many in understanding what was available and how to access it.

The Task and Finish Group have learnt that in 2009/10 an additional £33000 has been invested by NHS B&NES in dental capacity at the University. It is hoped that this will help more students to be able to access dental services at the university site.

The issue of information and the language barrier is resonant of those issues highlighted by members of the black and other minority ethnic communities, and the Task and Finish group would recommend the same measures of investigating the feasibility of translation/ interpretation where appropriate and ensuring that clear information is available in appropriate formats placed in areas where it is most likely to be seen. Student bars, unions and so on might be appropriate

Recommendation 17: The Task and Finish Group recommend that NHS B&NES investigate the feasibility of translation/interpretation where appropriate for students whose first language is not English, to further enable them to access NHS Dental services

Recommendation 18: The Task and Finish Group recommend that clear information is made available in suitable formats placed in areas which students are likely to access, such as student bars, unions and so on.

Information and Communications

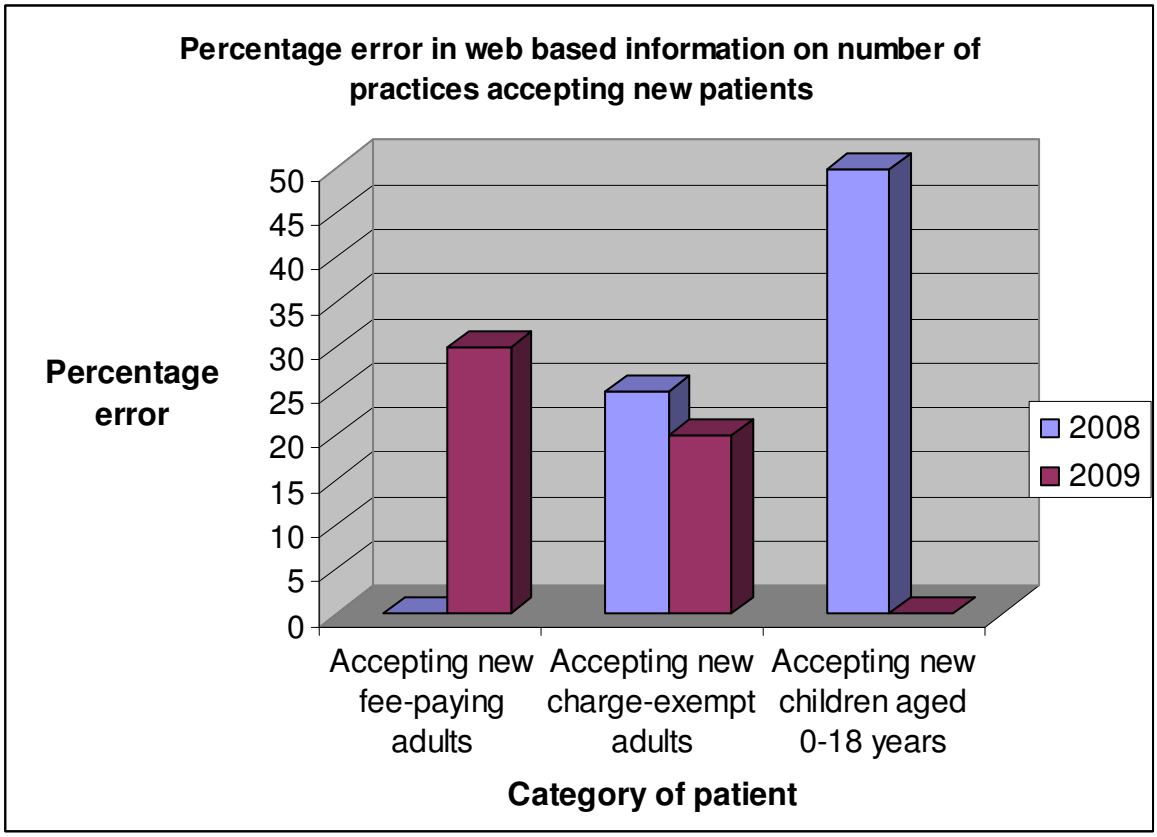
In the first phase of the review, the Task and Finish Group were "told repeatedly that for all kinds of service users, one of the key difficulties was obtaining accurate information in a user-friendly format which could help them to access NHS dental services." They learnt that information in general was difficult to find and that this was particularly the case for groups such as homeless people and those with language barriers. At that time they suggested that posters and leaflets could be useful, and information should be left in areas such as hostels, social services departments, GP's surgeries and so on. They heard that in 2008 the PCT had recently launched a local Dental helpline, which it was hoped would help people to find a local dentist.

Given this seemed to be a consistent area of concern, the Task and Finish Group gave this issue further consideration in the second part of the review. As previously stated they repeated their one day survey of information held on the internet about which practices were accepting the three categories of patients, and then compared that to information given out over the phone by the individual practices.

As the graph at Figure 3 below shows, in both 2008 and 2009 there is a significant degree of error in the web-based information when compared to contacting practices directly by phone. This is may in part be due to the swiftly changing nature of dental access, with practices lists opening and closing as places become free or are taken up. However it is interesting to note

that in 2008 the web-based information was **over-estimating** accessibility, with the number of practices accepting charge-exempt adults and children being over-estimated by 25% and 50% respectively. In 2009, this has changed and the web-based information is actually **under-estimating** the provision for fee-paying adults and charge exempt adults by 30% and 20% respectively.

Figure 3:



Therefore from looking at the information held on the internet, local people might be led to believe there is actually less provision than there is in reality. This links to arguments made by several interviewees and put forward in the independent national review, that it is the *perception* of a problem with access which is now a key problem, rather than a lack of access itself.

The independent national review argues that "perceptions of problems with access are compounded by simple problems of information"[6], and the research undertaken by the Task and Finish Group in this phase of the review, supports that view.

The Members' research revealed that there are two key issues. Firstly the lack of clearly available information, and people's ability to find it. Secondly the accuracy of that information once it is found.

Despite reassurances that the Dental Helpline is now up and running, the Task and Finish Group were unable to find the dental helpline number published on NHS B&NES website. They were also unable to find it in local telephone directories, or by the use of internet search engines.

[6] An independent review of NHS dental services in England. P5

The Members do not doubt that the dental helpline is up and running, as many of those groups and people interviewed in the community were clearly aware of the helpline and using it, but it is vital that it is disseminated widely and thoroughly in order for people to get best use from it. The survey of dental patients revealed that by far the most common means of patients finding their new dentist was via word of mouth (64%). Only 4% of respondents had found their dentist via the dental helpline. However, 26% of respondents cited "other" means of finding out about the dentist, and the individual responses show a large number of those had found out about their dentist via local newspaper advertisements or leaflets. There has evidently therefore been some good publicity about increased provisions, but the vast majority of people who responded to the survey had not used the Dental Helpline. The Task and Finish Group however remain convinced of the importance of the helpline. This was stressed by one interviewee who highlighted that local knowledge was vital to help people find a dentist, as NHS Direct (the telephone number currently being publicised on NHS B&NES website to find a dentist) do not know enough about local provision and how it is changing almost day to day.

The independent national review also focus on the importance of the dental helpline. The report states that:

"The route with the most accurate information is usually to call the local PCT's dental helpline. However, many people have never heard of the PCT, let alone know where to find it, what it does or that it has a helpline. There is a significant mismatch between the way information is provided and the way that people want to use it."[7]

The independent national review goes on to advise a number of methods to improve this situation, including "Promoting helpline numbers more widely" and " Placing information on how to find a dentist where the public tends to look (telephone directories, GP surgeries, etc.)."[8]

The Task and Finish Group were told that the dental helpline had been widely publicised via newspapers, radio, online and via a leaflet campaign. This has evidently been, to some degree successful as many interviewees knew about the helpline, however it is of concern to the Task and Finish Group that they were unable to find the Dental Helpline number, and they of course, unlike the patients highlighted in the national review, are well aware of what NHS B&NES is and what it does.

The group's research also revealed that some areas of the dental service did not seem to know clearly what other areas of the dental service provided. An anecdotal example was cited of advice being given by University Hospitals Bristol Trust (UHB) to patients that they should attend the Bristol Dental Hospital, with no mention being made of the Dental Access Centre provision within the B&NES area. It is particularly important given the commissioning by NHS B&NES of different providers (commissioning general dental practitioners direct, and the salaried dental service and out of hours via University Hospitals Bristol Trust), that cross-communication between different areas of the dental service is also prioritised. All parts of the service should be in a position to confidently and consistently advise patients where they can access appropriate services.

The group therefore recommend that a strenuous focus is needed on correct information getting out in all kinds of appropriate ways, not only via new technology such as the internet, but by

[7] Ibid. P54
[8] Ibid. P54

ensuring that information is formatted and disseminated in a way that suits the full range of local residents and their needs, and is tailored to suit different groups within the population, rather than mass-produced and cascaded in a top-down manner from NHS B&NES.

In particular the group recommend the further publicising of the local Dental Helpline number, making use of telephone directories, and ensuring that the number is publicised on NHS B&NES' website.

Recommendation 19: The Task and Finish Group recommend that NHS B&NES place a strenuous focus on ensuring that correct information gets out in a variety of appropriate ways (not just using the internet). It should be ensured that information is formatted and disseminated in ways that suit the full range of local residents and their needs, and should be tailored to suit different groups within the population.

Recommendation 20: The Task and Finish Group recommend the further publicising of the local Dental Helpline number, making use of telephone directories, and ensuring the number is publicised on NHS B&NES' website.

Conclusion

On returning to complete the second phase of this review of access to NHS dental services in the Bath & North East Somerset area, the Task and Finish Group have been pleased to find that accessibility appears to have significantly improved since they first investigated these issues in 2008.

They are however mindful that having improved access, the vital next step is to ensure that people's *perception* of accessibility is also addressed. The Task and Finish Group believe that this requires a strenuous focus on accurate, good quality information, formatted and disseminated in ways that suit the full range of local residents and the ways in which they prefer to access information.

The Task and Finish Group commend the decisions made by NHS B&NES to invest money in NHS dental access in the areas that they have, and this seems to have had a positive effect on accessibility for local residents. They do now feel however, that NHS B&NES should focus future funding on the following key areas:

- Children (the Task and Finish Group feel this should be seen as an area of "invest to save")
- Groups who may find it more difficult than others to access NHS dental services, such as older people, homeless, students, black and minority ethnic groups and those with disabilities
- Health promotion
- Mobile unit(s)

This correlates with findings of the national independent review of NHS dentistry which suggests that oral health, prevention and quality are key issues which should be built into a revised dental contract.[9]

Overall the group wish to congratulate NHS B&NES and local dentists on their good work so far, and hope that the recommendations set out in this report will support even further future improvement in local NHS dental services for Bath & North East Somerset residents.

Next Steps

This summary report and recommendations will be forwarded to the Chief Executive of NHS B&NES who will be asked to respond to the recommendations contained within it, within 28 days. Some of the recommendations in the report relate to services where NHS Bristol is the lead commissioner, and the Task and Finish Group therefore ask that NHS B&NES liaise as appropriate with NHS Bristol in order to respond to these.

[9] An independent review of NHS dental services in England. P4

Glossary of Terms

HCOP	Healthier Communities and Older People Panel
O&S	Overview and Scrutiny
NHS B&NES/ B&NES PCT	Formerly known as the Primary Care Trust, the NHS body responsible for commissioning local services including NHS Dentistry, is NHS B&NES (Bath & North East Somerset)
GDS	General Dental Service
DACs	Dental Access Centres
CDS	Community Dental Service

Appendices *(available on request*)*

Appendix 1	Terms of Reference for Review
Appendix 2	Interim Findings Report

**Contact Overview and Scrutiny on 01225 39 44 56 or email scrutiny@bathnes.gov.uk*