Gloucestershire Primary Care Trust

Dental Services in Gloucestershire

1. **Purpose**
   To update the Health Overview and Scrutiny Committee (HOSC) of the range of Dental Services currently commissioned for the population of Gloucestershire and to advise the HOSC of the next steps to be taken in relation to the commissioning of Dental Services.

   This paper builds on the information submitted to the last meeting of the HOSC and provides additional information on the position in Gloucestershire and the actions planned to develop a Dental Strategy.

2. **Background**
   NHS dental services started in 1948 with the creation of the NHS. Dentists were paid a fee for each type of treatment carried out, with patients paying two thirds of those costs unless exempt from charges. Little had changed in the system and, due to the financial incentives the emphasis had been on treatment and not on prevention. PCTs and predecessor bodies had no control over the budgets or any influence on the availability or type of dental services available.

   A new dental contract was introduced in April 2006, which radically changed the way NHS dentistry is commissioned. PCTs are now required to commission dental services to the extent they consider necessary to meet all reasonable requirements. They also have responsibility for the provision of ‘out-of-hours’ services and dental services to HM Prisons.

   Funding has been devolved to PCTs and has been increased to improve access to NHS services. The new system is based on dentists providing a comprehensive dental service that includes oral health promotion and prevention. Clinical activity is commissioned to meet a target of Units of Dental Activity (UDA) or Units of Orthodontic Activity (UOA) against an agreed contract value.

   The National Institute of Clinical Excellence (NICE) recommends that patients should attend for dental check ups on a risk assessment basis with intervals varying between 3 months to 2 years depending on individual patient need.

   The aim is for NHS dentistry to be properly integrated with the rest of the NHS, providing better access to services, better care for patients and better working lives for dentists and their teams. This will be part of the wider reform programme underway across the NHS.

3. **Oral Health Need in Gloucestershire**
   While Gloucestershire generally enjoys a higher than average socio-economic status, there are deprived urban and rural areas with poor oral health and access to dental services.
The local dental survey of school children (2006) confirms that the oral health of children in Gloucestershire is better than the national average for both 5 year olds and 10/11 year olds. However, it also shows that children living in areas of relative deprivation suffer much more dental disease than the average in England.

Although we have a good understanding of the oral health of the children in Gloucestershire there is no up to date information nationally on adult oral health. The last adult survey that was carried out was in 1999. This survey is carried out every 10 years and the next one is planned for 2009.

In the absence of up to date information on adult oral health the PCT has used general indicators of deprivation to inform its understanding of oral health needs as they have been shown to correlate closely.

Using this information it is clear that on average Gloucestershire are generally better than the average in England and although levels of deprivation are generally low, there are pockets of deprivation in Gloucester City, Cheltenham and the Forest of Dean.

**Next Steps:**
Carry out an Oral Health needs assessment to inform a Dental Commissioning Strategy for Gloucestershire.

### 4. Levels of NHS Dental provision in Gloucestershire

Due to the changes with the introduction of the new dental contract patients do not now formally register with dentists but are accepted by the dental practice for a course (s) of treatment, both preventative and restorative. This means that PCTs no longer count registrations but count UDA’s instead.

Counting the level of UDA’s commissioned per head of population is a simple and relatively unsophisticated measure of the availability of NHS dentistry. The current position (table1) is broken down at district level.

**Table 1**

<table>
<thead>
<tr>
<th>District</th>
<th>UDA’s per head of population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheltenham</td>
<td>1.18</td>
</tr>
<tr>
<td>Tewksbury</td>
<td>0.99</td>
</tr>
<tr>
<td>Cotswold</td>
<td>1.20</td>
</tr>
<tr>
<td>Stroud</td>
<td>1.20</td>
</tr>
<tr>
<td>Gloucester</td>
<td>1.28</td>
</tr>
<tr>
<td>Forest of Dean</td>
<td>1.33</td>
</tr>
<tr>
<td>County Value</td>
<td>1.20</td>
</tr>
<tr>
<td>SHA Target for Gloucestershire PCT</td>
<td>1.13</td>
</tr>
</tbody>
</table>

In addition to the issues of deprivation and rurality, several areas in the County will experience significant population growth if planned housing developments go ahead. Developments are planned to the south of Gloucester City and some areas between Gloucester & Cheltenham and in Cirencester and Tewksbury.
This new population growth will need to have dental services commissioned in future.

More work is required to identify areas where access to NHS Dental services is low or does not exist. This information, alongside the Regional Spatial Strategy will assist the PCT in developing a comprehensive Dental Commissioning Strategy.

**Next Steps:**
Map access to current dental services and projected population growth to identify areas where additional access to NHS Dentistry needs to be commissioned.

---

5. **Current NHS Dentistry provision in Gloucestershire**

Gloucestershire PCT commission a range of dental services from a variety of providers including:

- Dental Helpline
- High street Dentists through a General Dental Service Contract (GDS/PDS).
- High Street Orthodontics
- PCT Care Services through a PCT Dental Service Agreement (PCTDS).
- Gloucester Royal and Cheltenham General Hospitals through a Foundation Trust Contract.

The overall commissioning budget for Dental Services is £19.8m.

5.1 **Dental Helpline**
The helpline provides advice and information through a telephone answering and message service to patients who are not registered with a dentist and who need to access urgent and routine dental care.

Patients are given information about the types of services that are operating and also how, and where, they can access them.

Patients are also advised which General Dental Practices are accepting new patients.

The helpline is provided Monday to Friday 8.30am to 5.00pm (except Bank Holidays) and is accessed by ringing the following number 08459 220505.

While this provides an important service to patients other models of dental helpline operate nationally. Some include direct access to a call handler who is trained to offer advice and/or assessment so providing a triage service to patients with the aim of signposting the patient to the most appropriate service.

**Next Steps:**
Review the Dental Helpline model evidencing national models and best practice and make recommendation about future model of service.
5.2 General Dental Services
General Dental Services (GDS) are commissioned by the PCT to provide NHS Dental Services to the population of Gloucestershire. In 2007/08 the PCT held 97 contracts with GDS / PDS providers.

Since the introduction of the new contract in 2006 the PCT has commissioned a substantial number of UDA’s through additional GDS contracts with new services.

In 2007 the PCT awarded two new dental contracts in the following areas:

- Tewksbury
- Cheltenham

These practices were commissioned to provide an additional 32,000 UDAs per practice per annum.

In 2008 the PCT awarded an additional three new dental contracts in the following areas:

- Tewksbury
- Lydney
- Cirencester

The practices will start to deliver dental services from October 2008 and will provide between them 88,000 additional UDAs per annum.

The PCT currently spends £12m on GDS and PDS dental services.

5.3 Orthodontics
The PCT commissions Orthodontics from both GDS/PDS providers and the acute hospital sector. In assessing the need for Orthodontic treatment dentists use a scale known as the Index of Treatment Need (IOTN). The scale has a scale of 1 - 5. The NHS support orthodontic treatment for patients with an IOTN of 3.6 or above. Those with an IOTN below 4 will normally be seen in a GDS/PDS practice. Those with an IOTN above 4 will be referred in to the acute hospital sector.

The PCT currently has 19 Orthodontic contracts with high street dentists.

The PCT spends £2m on primary care based Orthodontic services.

5.4 Minor Oral Surgery in Primary Care
A minor oral health surgery service operates from Southgate Moorings in Gloucester. This is a county wide service and is provided under PCTDS by a
specialist. This service was established to (a) increase the number of patients seen in a primary care setting and (b) provide a more cost effective and appropriate service for a range of procedures.

To date these assumptions have not been tested and while the objectives are sound, a review of the service is required to ensure the PCT is commissioning an effective and efficient service.

The PCT spends £17k on primary care based Orthodontic services.

**Next Steps:**
Existing dental practices have been approached to identify any additional capacity available in 2008/09 and onwards – once capacity has been identified the PCT will commission additional activity from them.

The PCT will also go out to tender for new dental contracts for additional Dental Services in those areas where there are access issues and oral health need and award more contracts in 2009/10.

5.5 **Primary Care Trust Dental Service (PCTDS)**
The fundamental role of the dental service provided by PCTDS is to complement the services provided by the “high street” dentists. In doing so, PCTDS provide dental care to people who would otherwise be unable to secure the care they need; typically such people are those with urgent dental needs who will not go to other practices (or whom those practices will not accept) and those whose health and social care needs are such that essential but routine dental care requires special treatment and communication skills (including treatment under conscious sedation). The services that Care Services provide are as follows:

- Community Dental Service
- Dental Access Service
- Minor Oral surgery
- OOH Dental Services

The PCT spends £3.8m on this range of dental services.

5.5.1 **Community Dental Services**
This service provides a full range of treatment to patients for whom there is evidence that they would not otherwise obtain treatment from the General Dental Services (GDS); this includes people with disabilities and/or with Special Needs, those who are medically compromised, children with behavioral problems and the provision of treatment under sedation for anxious and phobic patients. The service also includes some relevant orthodontic treatments for patients whose clinical condition require the skills of the Special Care Dental Service.

This service is provided in either community based clinics or domiciliary visits. Patients requiring treatment under general anaesthetic (GA) receive treatment
from the PCTDS team operating from a surgical facility at Gloucester Royal Hospital.

**5.5.2 Dental Access Service**
The Dental Access Service is commissioned through a PDS contract. The service ensures the provision of urgent and comprehensive dental care for patients who have experienced difficulty in obtaining treatment in the General Dental Services (GDS); priority is given to patients in pain.

Services are provided for patients referred to the Dental Access Centres (DACs) from the Dental Helpline, NHS Direct, Out of Hours providers, professional colleagues or self-referral. The service is open to patients from 8.30am to 5.00pm Monday to Friday.

PCTDS clinics operate from the following sites:

<table>
<thead>
<tr>
<th>The Dental Clinic Berkeley Hospital Berkeley</th>
<th>The Dental Department Bourton Hospital Bourton-on-the-Water</th>
<th>The Dental Clinic St Paul's Medical Centre Cheltenham</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Dental Clinic Churchdown Gloucester</td>
<td>The Dental Clinic Cinderford Health Centre Cinderford</td>
<td>The Dental Clinic Cirencester Hospital Cirencester</td>
</tr>
<tr>
<td>Community Dental Clinic Delancey Hospital Cheltenham</td>
<td>The Dental Clinic Dursley</td>
<td>The Dental Clinic Rikenel Gloucester</td>
</tr>
<tr>
<td>Dental Access Centre Southgate Moorings Gloucester</td>
<td>The Dental Clinic Lydney Health Centre Lydney</td>
<td>The Dental Clinic Stroud Health Centre Stroud</td>
</tr>
<tr>
<td>The Dental Clinic Tewkesbury</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**5.5.4 Out of Hours service (OOH)**
This service supports the DAC service by providing out of hours care for patients requiring urgent care; typically for severe dental and facial pain not controlled by over the counter preparations or dental and soft tissue acute infection. Call handling, triage and appointment booking is currently provided by the PCTDS.

The service provides:

A telephone call handling and dental triage service to all Gloucester residents Monday to Friday from 17.00 -20.00 and on Saturdays, Sundays and Bank Holidays from 09.00-13.00.

An OOH treatment service also operates from the Dental Access Centre in Gloucester; Monday to Friday from 17.00 -20.00 and on Saturdays, Sundays and Bank Holidays from10.00-13.00.

The internal recent review of PCTDS (2006) reported that some of the sessions were not fully utilized at all sites and there were some inefficiency in the current
model of service.

**Next steps:**
The PCT will carry out a comprehensive review of PCTDS to inform the PCT in developing the Dental Commissioning strategy and to its future commissioning intentions in relation to PCTDS.

6. Prison Dentistry
The PCT is responsible for commissioning NHS Dental services for the population of HMP Gloucester.

Research shows that the oral health need of prisoners is approximately four times greater than the general population and that the oral health problems that prisoners suffer from are often associated with the problems of drug misuse.

Based on this level of need there should be as a minimum, one dental session per week for every 250 prisoners. Currently HMP Gloucester has 350 prisoners at full capacity though has only one session per week in place for dental care.

The PCT are currently out to tender for two additional sessions per week. One session will be used for treatment while the other will be a health promotion session as many prisoners often have not accessed dental care prior to sentencing nor will they access it after discharge. This initiative will run initially for 15 months during which time it will be evaluated.

The PCT currently spends £25k on dental services for the prison.

**Next Steps:**
Award the tender, implement the initiative and evaluate the findings – this will inform the future dental commissioning model for the prison population.

7. Acute Hospital Services
7.1 Orthodontics
Orthodontic treatment is provided on an out patient basis at Cheltenham General Hospital and Gloucestershire Royal Hospital sites to patients with an IOTN of 4-5. There is general agreement within secondary care services that an IOTN of less than 4 do not justify treatment by a hospital based consultant led team except for teaching or research purposes (Department of Health Gateway 7105)

7.2 Oral & Maxillofacial Surgery
This surgical specialty is concerned with the diagnosis and treatment of diseases affecting the mouth, jaws, face and neck. The scope of the specialty is extensive, and includes facial injuries, head & neck cancers, facial skin cancers, salivary gland diseases, facial disproportion, facial pain, facial joint disorders, impacted teeth, cysts & tumors of the jaw, as well as numerous problems affecting the oral mucosa such as mouth ulcers and infections. Patients will attend as either an out-patient or on a day case basis.
In 2008/09 the PCT is projecting growth of 2.3% in acute services Orthodontics over the year end position of 2007/08.

The PCT spends £1m on acute Orthodontic services.

Next Steps:
Carry out a review of acute hospital referrals to ensure that IOTN threshold is being adhered to.

8. Dental Public Health
The Dental Public Health team provides the following services to the population of Gloucestershire:

- Oral Health Promotion
- Dental Screening Service
- Epidemiology

8.1 Oral Health promotion
Although the remit for this service falls under Public Health the service is delivered by PCTDS working closely with the PCT Public Health Team.

This service aims to encourage individuals and communities to increase their control over and improve their oral health. Activities include:

- oral health promotion programmes;
- providing and promoting information on how to access local dental services;

The work of the service contributes to the implementation of the Operating Plan objectives and initiatives such as smoking cessation.

The team operates across the County of Gloucestershire and continually strives to provide a comprehensive service to the population in general and specifically to the following target groups.

- Post Natal Support Groups/Well Baby Clinics
- Parents/Carers of 0-4 year olds
- School Children with Special Needs
- Students (16-25 years) with Special Needs
- Families within the Gloucester, Cheltenham & Dursley Sure Start areas
- Carers of the Elderly and Special Needs Adults + Retirement Groups
- Children Centre and Early Years Childcare Service Managers, associated Staff & Support Workers
- Adults with specific health issues (Mental Health & Drug Rehabilitation units)
The Oral Health Promotion Team Annual Report 2007 provides a detailed description of the service as a whole.

### 8.2 Dental screening service

The dental inspection of pupils in attendance at schools maintained by local education authorities has been largely suspended nationally and locally following the recommendation of the UK National Screening Committee (January 2007). Screening was established to identify those who required further examination and treatment and directed at mainstream and special schools, nurseries and specific population groups such as the frail elderly and those with special needs. It has been concluded that there is no evidence to support continued screening of 6-9 year olds as a method for reducing health inequalities but local PCTs are encouraged to consider alternative ways to address health inequalities more effectively. Locally screening is now only available for special schools and any further changes will be addressed through the commissioning process.

### 5.5.3 Epidemiology (including Child Health surveillance)

This incorporates prevalence studies of oral status, diseases and development conditions appropriate to the target population. They are reported in anonymous grouped data sets. Surveys are used principally for planning local dental services and undertaken as required in the periodic programme of national surveys of child and adult dental health recommended by the Department of Health (DH) and the British Association for the Study of Community Dentistry (BASCD). Currently this requires PCTDS staff to survey 5yr olds every 4yrs and 12yr olds every 4yrs; Surveys in the years in between will be driven by the Strategic Health Authority rather than Department of Health. It is a statutory requirement for PCTDS to carry out surveys; although at present the national BASCD survey programme is under review. The UK National Screening Committee endorsed (January 2007) the value of epidemiological studies and encourages PCTs to continue commissioning these surveys particularly in support of local commissioning strategies (including targeting action to ameliorate health inequalities).

Next Steps:
Consider alternative ways to address health inequalities more effectively than screening.

Use the information from the local dental surveys to inform future commissioning of dental services.

Summary

While it is evident that the PCT commissions a wide range of dental services on behalf of the residents of Gloucestershire there is no comprehensive Oral Health or Dental Commissioning Strategy.

The ‘next steps’ that have been identified for each of the dental services the PCT commissions will form the basis of a Dental Commissioning Strategy.

The Public Health Team will work with the Dental Commissioning lead to develop
this strategy which will be considered by the PCT’s Professional Executive Committee before ratification by the PCT Board. Further updates will also be provided to the HOSC as this work progresses.

Debra Elliott
Programme Director Primary & Community Services