Funding NHS Dentistry

Following the Government’s investment pledge in the last operating framework, Dental Tribune assesses how the movement towards increasing NHS dentistry access UK-wide, is progressing, alongside the many new practices opening around the UK. We also get views from those in the field on what areas still need targeted funding and why some parts of Britain are showing less evidence of improvement than others. Yvonne Gordon reports.

Who has benefited from the Government’s £209 million investment into dentistry last year, in the light of the DfE’s response to the Health Select Committee’s findings? And how far has NHS dentistry come in terms of pledges to improve access, to work more closely with dentists and to open more surgeries? Dr Barry Cockcroft, Chief Dental Officer for England, says figures show that NHS dental practices are opening all the time, which is reflected in the recently published data on commissioned activity and in the new two-year retrospective access data, which was published on February 26.

He says: ‘This is good news for patients. Access to NHS dentistry is improving following a record investment, expanding workforce and a continuing increase in the amount of services being bought by the NHS.

‘As well as an increase in access, the new data shows that NHS dentists are delivering more courses of treatment - an increase of 400,000 (2.4 per cent) in 08/09 from the same period last year. We can already see the impact, with PCTs buying more NHS dentistry. There is a huge increase in the take-up of NHS contracts and new practices.’

Dr Cockcroft says the new data points to an overall positive upward trend. There were 655 more NHS dentists in 07/08 than the previous year and an 11 per cent increase in funding in 08/09, with 8.5 per cent anticipated for 09/10.

He explains why figures are only just beginning to show up in the data: ‘Because the access data is retrospective over two years, we are only just beginning to see evidence of the growth in NHS dental services that has been going on over the past couple of years.

‘We want to go further to ensure that every person who wants to access an NHS dentist is able to do so and have invested a record £2 billion in dentistry and set up a national access programme to help the NHS deliver this.

‘He continues: ‘We are not just changing the way we pay, but changing the culture of services to adopt a more preventative way of working, which PDS pilots said they wanted.’

Dr Cockcroft says a successful pilot in Central Lancashire is extending to other PCTs.

He says: ‘Skelmersdale Smiles, a partnership between NHS Central Lancashire and a local NHS dental practice, is expected to be the model for similar projects in Cumbria and Lancashire.

Another project, Blackburn with Darwen Smiles has also opened, which aims to enable local dentists to practice evidence-based caries prevention, in accordance with the Delivering Better Oral Health toolkit, sent to practices nationwide.

In addition, he says more newly trained dentists are entering the arena: ‘This year also sees the first graduates from the expanded dental degree programme, yielding 100 extra dentists this year, 170 next year and 200 the following.

‘It is important to note that dental services were historically just carried out by dentists, who now lead whole teams of dental professionals.

But John Milne, chairman of the BDA’s GDPC, says primary care NHS-dentistry funding has failed, historically, to keep pace with funding for other NHS areas.

He says: ‘The increased funding, announced in the most recent NHS Operating Framework, begins to address this problem, but there is clearly still a long way to go. The framework also articulated a requirement for primary care trusts to improve access to NHS dental services, something which builds on the findings of last year’s Health Select Committee report. If PCTs are to provide access to the large number of people who want care but can’t get it, it is vital they are provided with the necessary funding.’

However, Dr Sab Bhandal, principal of five practices in the Luton area, said provision is good in his area overall. He said: ‘NHS dental access in Luton is very good, with no patients more than three miles from a dentist accepting new NHS patients. There has been a two per cent increase in patient numbers over the past two years, monitored month-by-month, so the investment is definitely helping patients. The new system gives patients better value and the price-handings make it very clear what they can expect for their payment.

‘We are also getting large increases in patients not going private - especially over the last three to six months since the economic downturn - these patients are seeking better value for money, hence they are moving from their private practices to practices offering NHS, whether they remain with these practices will depend on the service that they receive. Several new practices have opened, since the funding increase and will be looking for continued migration of such patients, but will have to offer high levels of service to retain them.

‘However, one area which does need improvement is the flow of information from the Department of Health, as it takes an inordinate amount of time to get to the frontline. This may be because PCTs are under-resourced. This makes it difficult for practices to take business decisions and achieve the required results before the year end.

The PCTs in Luton, Beds and Herts are all very different. Luton PCT is the smallest and is able to make decisions very quickly regarding the new investment, so practices have the whole year to make plans, but the other PCTs are much larger, but have similar resources and hence took longer this year (mid October) to inform us of their growth plans. One assumes the data couldn’t be processed quickly enough due to the lack of resources, so when the funding was received, there was little time to implement plans, to achieve results before the deadline of March 31.’

Mark Pullford, dental lead for HOBT PCT says plans are afoot to start a major procurement exercise to ensure both patients and dentists benefit from the circa £2 million the PCT has above baseline. He says: ‘The PCT received additional central fund- ing for our primary care dental budget, which has been invested since 2008 in mini-contracts with dental practices. We are about to start a major exercise to ensure...’
this money is invested through open procurement very soon. Patients and dental practices will benefit from this central investment, from April 1.

‘The mini-contracts end on 31 March 2009, when we will need to purchase £2 million worth of dentistry. The likelihood is that many dentists will bid and be successful, in an open and transparent tendering process. This process will involve LDCs who play a constructive part in commissioning and procurement work.’

Eddie Crouch, secretary of Birmingham LDC, says: ‘Any PCTs have been given funding, but staffing levels and competence make the transfer to practices extremely difficult and time-consuming.

‘Compliance with European law on tendering makes PCTs wary of legal challenges, so, instead of offering extra funding to expand existing practices, they worry about procedure and delay change.

‘Large tenders for single providers make delivery harder than spreading the money over known successful practices.

‘Whilst HORT PCT tries its best, without radical changes to the contract, they are paddling uphill.

‘Unless Jimmy Steele, (head of the DH’s independent review), comes up with a miracle cure, this contract is terminally ill.’

Derek Watson, chief executive officer of the DPA, says that formerly, dentists could see investment in the profession because it was a percentage addition on the fee scale, which income paid for everything, including expenses.

He explains: ‘Now, dentists don’t see the investment because they don’t follow PCT budget meetings. Also, because the contract is inflexible, inefficient and unfair, much of the funding announced is considered to be more wastage. For example, there is a middle management tier to be paid for, any funding announcements invariably include an element of double-counting, eg: they include money from the Doctors and Dentists Review Body, which is given to the profession anyway.

‘In the past, the DH has invested more money in dentistry, mainly for political expediency. Therefore I expect its investment to at least run up to the election in May 2010.

‘Outside of the areas of oral health and prevention, we do not support expansion of the NHS dental service through simple funding increases, until the structural problems are addressed.’

Richard Thomas, General Secretary, Federation of London LDCs, says there are some excellent examples of increased capacity to treat patients under the NHS, due to increased funding, but there are associated problems.

He says: ‘Although there has been additional dentistry funding, we are however aware of situations where funding, allocated to PCTs, has not reached front-line dental services. There is certainly a big difference between various PCTs in their ability or willingness to send out to practices all the funding they receive. We also feel that the present systems used to procure additional services are off-putting to many GDPs.

‘He says some dentists are saying they have seen no evidence of this investment, because the new contract places a ceiling on the extent of NHS services which each practice can carry out without prior approval. He explains: ‘This limit on their activity necessitates a cautious approach by dentists, as they are penalised for treating more patients than their PCT allows. The systems in place to enable dentists to attract additional funding are bureaucratic and discourage some from applying. Some PCTs offer funding on a non-recurring basis, but dental practices are reluctant to take this up as it creates an insecure business model.

With regard to future funding, he says the DH and PCTs should recognise that it is costly in terms of time and money to take on new patients, many of whom arrive with high treatment needs, costing more for the practice than the UDA system allows. He elaborates: ‘We feel there should be realistic incentives to take on new patients. Those practices whose present UDA values are uneconomic should be offered higher UDA values.’

Thomas claims the new contract has been ‘proven to have an adverse effect on access to NHS dental services’.

Ultimately, the federation wants dentists to be able to concentrate on their profession’s purpose, namely, the improvement of oral health.