HEALTH OVERVIEW AND SCRUTINY COMMITTEE	Agenda Item 77 Brighton & Hove City Council

Subject:		**NHS dental services: update on the new dental contract**		
Date of Meeting:		**04 March 2009**		
Report of:		**The Director of Strategy and Governance**		
Contact Officer:	Name:	Giles Rossington	Tel:	29-1038
	E-mail:	Giles.rossington@brighton-hove.gov.uk		
Wards Affected:	All			

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 This report sets out to provide members with: a) background information on the national dental contract (2006), and, b) an update on local implementation of this contract.

2. RECOMMENDATIONS:

2.1 That members consider the information contained in this report and its appendices and determine whether any additional action is required (e.g. an update at a future meeting).

3. BACKGROUND INFORMATION

3.1 A new national contract for NHS dentistry was introduced in April 2006.

3.2 For patients, the new contract introduced a simplified system of payments, with people receiving treatment required to pay either £16.20, £44.60 or £198.00 (for a check-up, minor work such as fillings, and major work such as crowns/bridges, respectively). Treatments requiring more than one visit, or new problems identified within two months of a visit, are treated without additional charges.

3.3 The new contract also changed the way in which dental services are commissioned. For several months in advance of the contract starting, activity at every dental practice was monitored, and this data was then

extrapolated to give an estimate of the yearly activity at each practice. PCTs were subsequently required to fund practices at this level, meaning that each practice had an effective ‘ceiling’ above which it would not be remunerated. Practices which undertook less than the anticipated activity might be required to repay some of their funding or to guarantee to take on more work in subsequent years of the contract (subject to negotiation with their commissioners).

3.4 Adult patients were effectively ‘de-registered’ from a specific dental practice under the new contract (although children can still be registered with a practice). Patients may present at any dental practice they choose, although practices are not obliged to treat everyone who presents. If a practice has reached its quota of activity for a given year, it will not be able to treat additional NHS patients (without agreement from its PCT). In such instances, patients should typically be advised to try another local dental practice with spare capacity.

3.5 Under the new contract, PCTs do have powers to transfer activity from one practice to another in certain circumstances (e.g. if a practice closed or significantly reduced its hours).

3.6 Funding for the new dental contract was ‘ring-fenced’ until April 2009. After this date, PCTs are free to fund dental services at a rate higher or lower than the initial estimate of activity. However, PCTs are still bound to meet national targets for the development of dentistry, and must therefore ensure that they commission effective and improving services.

3.7 In many areas, a longstanding concern with NHS dentistry has been that there is insufficient capacity in the system to meet demand, with people unable to find a dentist willing to treat them as an NHS patient. There were widespread fears prior to the introduction of the new contract that this problem would be exacerbated, with commissioned activity lagging behind demand.

3.8 In some parts of the country, such fears may have been grounded, but in Brighton & Hove this does not seem to have been the case. Indeed, in the first year under the new contract, Brighton & Hove saw significantly lower levels of dental activity than had been anticipated and commissioned (reported to HOSC 27.02.08).

3.9 When the PCT last reported on dentistry (see 3.8 above), members were informed that it was not clear why the local health economy had seen underperformance on such a scale. One explanation could be that the initial estimate of the activity required in the city was inaccurate (e.g. that the snapshot of actual activity from which the contracted activity was extrapolated overestimated demand). Alternative explanations could be that people were confused by the new contract, not realising

that they were still eligible for NHS dental treatment; or that people presenting for and refused treatment at a practice which had filled its annual quota, did not then persevere in finding a practice which had spare capacity.

3.10 The NHS is committed to improving its dental services. The Healthcare Commission notes that: "PCTs need to ensure robust commissioning strategies for primary dental services, based on assessments of local needs, and with the objective of ensuring year-on-year improvements in the number of patients accessing dental services" (Healthcare Commission 2008 p101).

3.11 PCTs therefore need to take an active role in promoting NHS dental services and in ensuring that they can be *and are* accessed by all local communities. It is not sufficient for a PCT to ensure that it has sufficient dental services to meet the demand only of those who present for treatment, should it be evident that there are significant numbers of people in need of NHS dental treatment who do not currently engage with services.

3.12 Funding for the new dental contract was initially 'ring-fenced'. This meant that PCTs had no obvious incentive to manage-down demand for dental activity (should they have been so inclined), since they could not divert the funding to other purposes. However, this ring-fencing ends in April 2009. Members may therefore be interested to compare projected PCT funding for dental services in 2009-2010 with the annual funding 2006-2009. It should, however, be noted that the quality of a service is not wholly dependant on its level of funding: effective commissioning may well mean that a service improves even if its funding is not increased.

4. CONSULTATION

4.1 No formal consultation has been undertaken in preparation of this report. **Appendix 1** to this report consists of information supplied by Brighton & Hove City Teaching Primary Care Trust (PCT).

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 None for the council

Legal Implications:

5.2 " There are no adverse legal implications arising as a result of the recommendation/s in this report"

Lawyer Consulted: Anna MacKenzie; Date: 19/02/09

Equalities Implications:

5.3 If a significant number of local residents require but do not currently receive NHS dentistry services, it may be that a disproportionate percentage of these come from particular 'disadvantaged' groups, such as people for whom English is not a first language. Members may wish to establish what measures the PCT has in place to ensure equality of access to NHS dentistry services for all city residents.

Sustainability Implications:

5.4 None identified.

Crime & Disorder Implications:

5.5 None.

Risk and Opportunity Management Implications:

5.6 None identified.

Corporate / Citywide Implications:

5.7 Ensuring good dental health for city residents accords with the corporate priority 3.3: 'Improve the health of our residents'.

SUPPORTING DOCUMENTATION

Appendices:

1. Information provided by the PCT on dentistry in Brighton & Hove (papers to follow)

Documents in Members' Rooms:

None

Background Documents:

1. Healthcare Commission State of Healthcare report (2008)

2. HOSC report on dentistry (Agenda Item 64: 27.02.08)