Which? response to the NHS dental services in England Independent Review by Professor Jimmy Steele

DATE: 14 July 2009
TO: Rt Hon Andy Burnham MP
Secretary of State for Health
Department of Health
Richmond House
79 Whitehall
London SW1A 2NS
London
RESPONSE BY: Paula Pohja
Senior Public Affairs Officer
Which?
2 Marylebone Road
London NW1 4DF

NHS Dental Services in England - an independent review led by Professor Jimmy Steele

Introduction

Which? is an independent, not-for-profit consumer organisation with around 700,000 members. Based in the UK, it is the largest consumer organisation in Europe. Entirely independent of government and industry, we actively campaign on behalf of consumers and are funded through the sale of our Which? range of consumer magazines and books.

Which? believes all consumers should be able to get easy access to good quality NHS dentistry with clear information about the nature and cost of their treatment. Patients must be given clear guidance on the services offered by NHS dentists in order to clear mass consumer confusion on what treatments people can get on the NHS, how much they should be paying for their treatment, how often they need to go to see a dentist and how to look after their teeth.
Which? welcomes the Independent Review of NHS dental services in England by Professor Jimmy Steele. We contributed a comprehensive submission to the review based on our most recent research\(^1\) and provided ongoing feedback to Professor Steele and his team during the development of his recommendations.

To help the Department of Health develop its own action plan to improve NHS dentistry in England Which? has analysed the final Review recommendations and set out a list of priorities the Government must take forward to address the problems facing patients trying to access good quality dentistry.

**Access to NHS dentistry in England**

There is widespread belief among consumers that it is difficult to access NHS dentistry. This is despite our research which shows that access to NHS dentists is generally good. Around nine out of ten people in England (88 per cent) who tried to get an NHS appointment in the last two years were successful, with relatively little regional variance. However, one in ten (representing 3 million people) tried but were unable to get an NHS appointment in the last two years. A further 4.5 million people have stopped trying to find an NHS dentist, having had problems in the past.

Which? believes that immediate action needs to be taken to fix remaining access problems so that wider problems with NHS dentistry - clearing the mass consumer confusion about what treatments people can get on the NHS and how much they should be paying can be tackled.

The Government needs to identify where the gaps in access to dental services in England are and establish which Primary Care Trusts (PCTs) are failing to commission dental services adequately.

We would be concerned if ‘the balance between providing convenient services as well as providing high-quality care’ was left entirely to PCT commissioners, as the review itself recognised that quality of commissioning is extremely variable.

The Department must put pressure on those Trusts who are currently failing to deliver on their legal duty to provide dental services\(^2\).

---


\(^2\) Section 99 (1) of the NHS Act 2006.
Which? recommendations to improve access to NHS dentistry

> The Government needs to urgently identify where the remaining gaps in dental services are and put pressure on those PCTs who are failing to deliver dental services
> The Government needs to work more closely with those PCTs who are consistently underperforming to ensure they commission dental services more efficiently
> PCTs must be able to pinpoint which local areas are most in need of extra dentistry. This could be achieved for example by using geographic information and data mapping techniques as used by Bristol Primary Care Trust
> Filling the remaining gaps in NHS dentistry must be made a top-level priority at Chief Executive and Board level of PCTs. This will ensure resolving access problems is a key priority for those PCTs who are failing to provide good-quality dental services to the local population
> PCTs already have some tools that they can use to commission dental services more innovatively within the existing contract. The Department of Health should play a more active role in ensuring best practice is spread consistently across PCTs
> Incentives must be built into dentists’ contracts as recommended by the Steele review to ensure dentists are encouraged to take on new NHS patients. Any changes to the contract would need to be piloted before rolling them out nationally

Which? recommendations to help consumers to find an NHS dentist

> Finding an NHS dentist must be made easy for consumers. At a minimum those dentists not taking on new patients should be obliged to signpost callers back to their local PCT

---

3 Bristol PCT pinpointed the five areas of the city most in need of extra dentistry services by using geographic information and data mapping techniques. The Trust already had plenty of data such as population numbers, level of expected demand and how many people already had access to dental services. The geographic information and data mapping services were able to translate this data into a map of the city which was detailed precisely where need for dental services was greatest. As a result, the trust was able to commission dental services to fill this demand. [http://www.ic.nhs.uk/webfiles/news%20and%20media/Bristol.pdf](http://www.ic.nhs.uk/webfiles/news%20and%20media/Bristol.pdf)

4 Colette Bridgeman, Consultant in Dental Public Health in NHS Manchester has developed innovative ways, such as evidence based commissioning to deliver NHS dental services within the existing contract framework to drive access and quality to meet needs of the local population. [http://www.pcc.nhs.uk/uploads/Dentistry/embedding_prevention_in_nhs_practice/cbrh_workshopcb.pps#3](http://www.pcc.nhs.uk/uploads/Dentistry/embedding_prevention_in_nhs_practice/cbrh_workshopcb.pps#3)
> Consumers need clear and well-publicised routes on how to find an NHS dentist. One way of achieving this could be to get the NHS Choices website to alter its online search function to make it easier for consumers to quickly identify dentists accepting new NHS patients

> Which? would also like dentists to be able to update their profile on the NHS Choices website, as GPs can, to ensure the core information about their surgery is correct and kept up to date

> PCTs should be much more innovative in their approach to signpost patients to an NHS dentist. For example, Tower Hamlets PCT works together with the local authority to ensure when new people move into the area they are informed by the Council about how to find a local NHS dentist taking on new patients.5

> Other healthcare settings such as GP surgeries and pharmacies should be used as a way of providing information to consumers about accessing NHS dentistry

### Proposed patient pathway through care

Which? would support in principle a staged pathway through care with a central focus on improving oral health and preventive care. This structure will help to prevent more complex problems happening in the first place, improving oral health and provide good value for money for consumers as both patients and taxpayers. However, some consumers will still require advanced and complex treatments and it is vital that the proposed priorities do not incentivise dentists away from providing these treatments where it is needed.

The experiences of some of the consumers who contacted us suggest that referral can already be a difficult and confusing process. The complexity of the proposed pathway, which requires some patients to move between different dental practitioners, could exacerbate this confusion. It is essential that safeguards are built-in to ensure that the patient journey from one dental professional to another is managed smoothly and transparently.

The Steele review recommends a system that encourages continuity of care. Which? research found that 62 per cent of consumers would like to see the same NHS dentist on every visit. These consumers would benefit from such a system. However, not all consumers ascribe the same importance to this relationship, and some may prefer to get an appointment with any available NHS dentist at a time and a place convenient to them. Those patients without a registered practice

---

5 Presentation given by Andrew Ridley, Deputy Chief Executive of Tower Hamlets PCT on Innovative commissioning in practice: Exploring the outcomes in terms of access rates and quality of provision, HSJ Seminar on Transforming NHS Dental Provision, 30 June 2009.
ought to be able to easily access NHS dentistry. The government must therefore ensure that patients are not inhibited from easily accessing NHS dentistry by allowing flexibility in the system.

The Department of Health must ensure that the new patient pathway, together with clear, simple and consistent information on the treatments that people have a right to receive on the NHS and how much they should pay, is communicated effectively to the public. Inadequate communication will increase consumer confusion. This communication must not be left to individual dentists. Instead the government must ensure these messages are being delivered to consumers from across the whole of the NHS.

We would broadly support the provision of standardised assessments of oral health at the beginning of the patient journey. For some consumers, being given a comprehensive assessment to take away with them may make them feel that they are getting good value for money from their NHS dentist - and reassure them that their examination has been thorough and of good quality.

However, the content, including guidance on the steps patients could take to improve their oral health, must be clear and relevant. The assessment must cater for a diverse range of consumer needs and must not create an extra barrier to care for ‘casual’ users of dental services. An oral health ‘score’ should be explored to give consumers a concrete measure.

The assessment must also be built into the system so that dentists have the time to complete it in a meaningful way. For example, as the review recognises, many NHS dentists do not currently have access to a computer.

**Which? Recommendations for a pathway through care that works for patients**

- Government to ensure priorities for public investment in NHS dentistry do not act as a disincentive to provide complex and advanced treatments
- Flexibility must be introduced to ensure patients are not ‘locked in’ or ‘locked out’ and that they have a genuine choice of provider
- Referral between routine care and advanced services is simple, transparent and well communicated across the whole of the NHS
- Standardised oral health assessments must be patient-friendly
Raising quality, value for money and trust in NHS dentistry

Patients have told us there are currently variations in the way that treatment entitlements are interpreted by individual dentists. We welcome the Steele review’s call for clarity about what the NHS does for patients to help them keep their mouth and teeth healthy and we support its proposals for national clinical guidelines setting out the range of treatments available for specific dental problems.

However, this is not set out as an immediate priority. To address confusion the Government must act urgently to communicate the treatments that people can receive on the NHS and the amount they should pay.

Which? would also support national guidelines being introduced to help determine which patients should receive complex and resource-intensive services so long as these guidelines are nationally agreed, evidence-based, consistently followed, and do not further perpetuate inequalities in access to dental treatment on the NHS. These national guidelines should ensure that consumers as both patients and tax payers get the best value for money and most appropriate treatments for their needs.

Care must be taken to communicate the guidelines appropriately to patients, and ensure that they do not become a barrier to those with complex dental needs.

Proposals to change remuneration so that it rewards dentists for the number of patients they are able to treat, not just the number of treatments they carry out, are also to be welcomed. In addition, a focus on health outcomes would mean that dentists had no incentive to over-treat or under-treat patients, which will go some way to rebuilding trust between practitioner and patient.

The Government must also adopt the review’s recommendation to extend the period for free replacement for restorations to three years and for the provider (the dentist) to bear the full cost of the replacement rather than the patient or the taxpayer. Which? believes this offers a real opportunity to improve value for money but also to increase consumer trust in dental practitioners.

We agree that a review of patient charges should be carried out after the pilots have taken place, once an evidence base is available. Any new charges must be fair and clearly communicated to dentists and patients alike. To ensure that the reviewed charges provide incentives for patients to improve their oral health Which? is keen to be involved in this review.
Which? Recommendations for raising quality, value for money in NHS dentistry

- The Government to identify the dental treatments and service people have a right to receive on the NHS
- The Government takes a lead in ensuring the whole of the NHS communicates the NHS dental treatments and services people have a right to receive and what they should be paying
- National guidelines to identify appropriate treatments and services must be evidence based, set at a national level, used consistently and avoid perpetuating dental health inequalities

Improving patient trust by checking the quality of dentists’ work regularly

Which? research shows that some dental patients believe there are inconsistencies in the quality and charging of NHS dental services. As it is hard for consumers to make judgements unless the case is very clear cut and there is no national inspection scheme to weed out bad practice, it is hardly surprising that patients are suspicious. Introducing a consistent national system for evaluating dentists’ work would help to re-build public trust.

The responsibility for quality must rest with the dentist and be measured by individual PCTs. The current arrangement, where PCTs have discretion over the extent to which NHS dentists are inspected is not acceptable. To ensure a consistent standard of quality is being offered to all patients, national quality measures must be developed and adopted for dental work, as recommended by the Steele review.

As a priority the Government must ensure the consistent implementation of these measures by all PCTs across England. It must also take the lead in developing and implementing a system for national inspection for PCTs to monitor and evaluate the data gathered. Inspection measures must include feedback from patients in addition to an assessment of clinical performance.

Inspection results and quality measures should be used by PCTs to inform commissioning, terminating providers who perform poorly and rewarding high performers. It must also act as the basis for all performance assessments including the GDC revalidation scheme.

The development of a national inspection system must be carried out in consultation with all the parties involved in inspection, certification and
regulation - and take into consideration the views and needs of consumers as well as the NHS and the dental profession. This would not only minimise bureaucracy, but also simplify the current myriad arrangements.

In order that quality be measured and recorded accurately, we agree that research to strengthen the evidence base should be a priority. A clear set of national data requirements will be essential for this, but that data must also be appropriate to the tasks it is likely to perform. We suggest that the results of the forthcoming Decennial Adult Health Survey be fully utilised in support of this as soon as they are available.

In order for data collection to be nationally coordinated, we would support the provision of PCs in dental surgeries, and that they be interconnected to share clinical data on quality and outcomes. The sooner all dentists can be linked to the NHS so that data can be effectively collected and analysed - and that the central place of dentistry within the NHS family is recognised - the better.

Which? recommendations to improve public trust in the quality and consistency of NHS dental services:

- The Government must lead the development and implementation of quality measures
- The Government must incorporate quality measures into the new dental contract
- All PCTs must clearly communicate the new quality measures to dentists and patients
- The Government must lead the development and implementation of a national inspection system
- The Government must mandate PCTs to analyse the data from inspections and use the results to commission services. This should be done through the introduction of new policy or an amendment to the NHS Act 2006
- Quality accounts and the national inspection scheme must be used as the basis for GDC revalidation.

Improving public understanding about how to achieve good oral health

Which? research shows that a significant minority (16 per cent) of the population has not been to the dentist in the last two years and around a third only want to go when they have a problem. Only 57 per cent of NHS patients
remembered being given preventive advice about oral health when they last visited a dentist.

Messages around the importance of good daily oral hygiene habits and the importance of regular dental checks are not reaching all of those consumers who need to understand them. While this has been addressed by the Steele review it is disappointing that the Steele review has not included it in its list of priorities.

The Government must take immediate action to define the optimum level of dentist attendance and implement a strategy to achieve it across the whole of the NHS including through GPs and pharmacists.

Which? recommendations to improve public understanding about how to achieve good oral health:

> The Government defines the optimum level of dentist attendance and implements a strategy to achieve it
> The Government to ensure that the whole of the NHS is responsible for providing simple and clear advice about looking after their teeth and the importance of good oral health for example, through a targeted public health campaign