



Further Government Response to the Health Select Committee Report on Dental Services

Presented to Parliament by
the Secretary of State for Health
by Command of Her Majesty
January 2009



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Further Government Response to the Health Select Committee Report on Dental Services

The House of Commons Health Select Committee published its report on dental services on 2 July 2008. The Government published an interim response on 7 October 2008. This Command Paper sets out the Government's further response to the conclusions and recommendations in the report.

As explained in our October response, we are confident that the new dental commissioning arrangements introduced in 2006 give primary care trusts (PCTs) greater powers and flexibility to secure high-quality local dental services that meet the needs of local people.

We accept, however, the Select Committee's view that progress on improving access to dental services has been disappointing to date. We indicated in October that we would work with professional and patient groups to review how, both nationally and locally, we and the NHS could achieve the maximum benefits for patients from the 2006 reforms.

This further response reports on the work done since we published our October response. In particular, it sets out the aims of the review that we have commissioned and the work we said we would undertake with strategic health authorities (SHAs) to agree how to secure rapid improvements in the availability of NHS dental services.

1. The dental commissioning system that we introduced in April 2006 gives PCTs the powers and responsibility to provide or secure dental services that meet local needs. Under the previous system, dentists could choose where to set up in practice and how much or how little NHS work to carry out: where local dentists chose to reduce their NHS commitment, or to stop doing NHS work altogether, the local PCT had little ability to attract new dentists to provide replacement services.
2. The new system is designed to allow dentists more time to provide preventive care, such as the administration of topical fluoride varnishes, as well as treating existing disease. In September 2007, we published *Delivering Better Oral Health*, an evidence-based toolkit for dental practices on preventive care. The toolkit is now being widely used as PCTs tender for new services, and the use of topical fluoride varnishes, the most effective preventive treatment, is growing significantly.
3. The new system also simplified charges for patients, replacing over 400 separate charges for individual items of treatment with just three charge bands covering overall courses of treatment.
4. The Select Committee in its report accepted that there was a powerful case for reform of the old contract. However, the Select Committee highlighted a number of concerns about the way in which the new system operates.
5. In our interim response, we said that we would carry out a review of how dental services should develop over the next five years and what action was needed, both nationally and locally, to ensure that dental commissioning evolved continuously to reflect public needs. We said that we would appoint an external chair and involve key stakeholders in the review and that we would publish the findings.
6. We confirmed on 12 December 2008 that we were setting up an independent review of dental services. The review is to be chaired by Professor Jimmy Steele, Professor of Oral Health Services at the School of Dental Sciences, Newcastle University. Professor Steele will be assisted by two NHS dentists, Janet Clarke, Clinical Director of Salaried Dental Services at Heart of Birmingham Teaching PCT, and Eric Rooney, Consultant in Dental Public Health at Cumbria PCT, and by an NHS commissioning manager, Tom Wilson, Director of Contracts at Milton Keynes PCT. It will report this spring.
7. The review will:
 - identify ways in which the Government and local NHS can work together with dentists and other providers to increase access to NHS dental services and improve quality of services;
 - suggest how the Government can build on its work to reduce inequalities in oral health and ensure that dentists and other dental professionals can provide appropriate levels of preventive care;
 - recommend how funding for dentistry should be allocated to PCTs according to the size and particular needs of the local population;

- identify how, over the next five years, developments in workforce planning, training and regulation can best support the provision of high-quality dental services and enhance the working lives of dental professionals; and
- recommend how the Government can best address the issues raised in the Health Select Committee's 2008 report on dentistry, including looking at trends in complex treatment in the context of clinical needs and priorities and the suggestion that more treatment bands are introduced.

8. Turning to the question of immediate NHS action to improve access, the Select Committee noted in its report that:

'Although in some places access to dentistry has improved since 2006, it remains uneven across the country. In many areas severe problems remain. The indications are that the new arrangements have failed so far to improve patient access overall.' (Paragraph 76)

9. As the Select Committee said, performance to date has been uneven. Thirty per cent of PCTs have improved local access to NHS dentistry since the new contracts were introduced. In some cases, they have made remarkable progress. Access has increased by 24% in the Isle of Wight, and by 17% in Medway and in Telford and Wrekin.
10. As we noted in our interim response, there are now many positive indicators of growth in services. In 2007/08, there were 655 (3.2%) more dentists working in the NHS than the previous year, and 937,000 (2.7%) more courses of treatment carried out. This growth in activity should translate shortly into growth in the numbers of people reported as accessing services over a two-year period.
11. We acknowledge, however, the need to ensure that all PCTs make full use of their local commissioning powers to give their local populations access to high-quality services when they need them. This means PCTs understanding clearly the needs of the communities they serve and commissioning services to meet those needs; working with local dental practices to ensure good performance against the agreed requirements in their contracts; and, where necessary, investing in additional services, typically using open and transparent procurement processes to ensure the best value for money in terms of service quality and patient numbers.
12. As part of the NHS Operating Framework for 2009/10, published on 8 December 2008, we made clear the priority that the Government attaches to improvements in local commissioning and in access to services. The Framework makes clear that:
- 'PCTs need to continue to develop NHS dental services so that they meet local needs for access, quality of care and oral health. This will include reviewing dental commissioning strategies, ensuring open and transparent procurements for all significant new investments in dental services, in order to provide access to anyone who seeks help in accessing services.'*

13. To support this objective, we have announced that in 2009/10 we will increase ringfenced funding for dental services by 8.5%, on top of the 11% increase in 2008/09, taking total funding to £2.257 billion.
14. We have also set up an expanded national dental access programme to support PCTs in achieving the aim set out in the Operating Framework, headed by Dr Mike Warburton. Dr Warburton is an experienced clinician and manager, who in the last year has led the successful GP access programme to support the NHS in extending GP opening hours and establishing additional primary care services. The programme will build on the existing work of NHS Primary Care Contracting in supporting PCT dental commissioners. The programme will provide support to SHAs, PCTs and dentists in rapidly improving access to services, both through procurement of new NHS dental practices and through work with existing local dentists.
15. PCTs are due to finalise their plans for delivery of the Operating Framework priorities at the end of March 2009. In advance of this, the ten SHAs have in recent months examined the position on access to NHS dental services in their areas and worked with their local PCTs to assess current capacity, levels of unmet patient demand and the speed at which they can close any gap between the two. The ten SHAs have indicated to us that the plans they intend to develop with their PCTs will be aimed at providing access to anyone who seeks help in accessing services no later than March 2011.
16. We will be working with stakeholders to develop an access indicator that more closely reflects patient experience and against which we can measure and monitor progress.
17. We strongly welcome the level of commitment that this demonstrates from the NHS to tackle dental access, building on the opportunities now open to them through the 2006 dental reforms. The dental access programme will work closely with Professor Steele's review to ensure that any early findings from the review are reflected in this immediate work with the NHS to improve access and to help ensure that the review can identify how best to build on these improvements.
18. We hope that the Select Committee will welcome these important steps to resolve the long-standing problems of access to NHS dental services and to secure a sustainable system of high-quality NHS dental services, which reflect the overall vision of high-quality care for all set out in the conclusions of the NHS Next Stage Review.



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