

## **Scope for Review: Brent's Dental Services**

### **What are the main issues?**

***“The local NHS now has...both a statutory duty to provide dental services and the flexibilities needed to develop services to reflect local needs”.***

**-Ann Keen MP, Parliamentary Under Secretary for Health Services**

Nationally and locally, dentistry has undergone significant change within the last year. A review of the reform agenda centrally has presented an opportunity to cast national issues in relation to the local situation in Brent.

Principally the following issues are of interest:

#### **Access**

The extent to which changes to the delivery, provision, and location of dental services has improved access for the local population. Future predictions and challenges.

#### **Quality**

The effect reforms have had on the quality of care provided by clinics and the benefits for those professionals delivering services.

#### **Funding**

The extent to which changes to the commissioning arrangements and charging rates applicable to dental treatment have provided for a more sustainable model of care.

#### **Commissioning**

The performance of Brent tPCT in planning and developing local services. Managing local contracts, local needs assessments, and tendering.

### **Policy Context**

In April 2006 the Department of Health (DoH) redesigned the system of dental care in England to improve access to services, introduce PCT (Primary Care Trust) control of local commissioning and location, match professional incomes to levels of patient care, and simplify charging for patients.

The most significant strands of reform are those around commissioning, whilst the most politically sensitive have been those around the reduction of waiting times and the equity of access.

A recent review has stated that *“Further work is (also) needed to ensure that PCT's and dental practices are in a strong position, working together, to make*

*sustained improvements in patient services as they move beyond the end of the three- year transitional period from 2009 onwards<sup>1</sup>*

Members may wish to consider the following questions when considering initiating further investigation:

- **What impacts have the recent reforms had on the local dental economy?**
- **How have reforms affected professionals and have they had a positive or negative impact on the number of NHS practices in Brent?**
- **What changes have there been to patient flows to NHS clinics?**
- **How have changes impacted on staff morale and public perceptions/attitudes towards NHS dentistry?**

One main criticism of the recent reforms is that their focus has been on preventative advice and treatment that is of a “clinical necessity”, rather than holistic dental care.

### **Community Strategy**

This subject has direct links to the health and well-being element of the Council’s community strategy which states;

*“Increasingly people want to receive health and social care services within their local communities. Together with the tPCT and health service providers we will be developing more integrated approaches that help people to live independent lives, give them greater choice in the care they receive and prevent the need to use long-term residential care” (P30).*

### **Why are we looking at this area?**

Members have highlighted the issue for further consideration at previous meetings of the Health Select Committee.

The Department of Health has recently published (August 2007) a “One year on” review document which presents an opportunity to re-examine services locally.

### **What could the review cover?**

The review should look to address the issues raised above. Prior to the introduction of dental reforms (March 2006) a Department of Health Implementation Review Group asserted four key success areas:

---

<sup>1</sup> NHS Dental Reforms: One year on, Department of Health, August 2007.

## Health Select Committee

### 1) Patient Experience

Better access to services, improved information and awareness, simpler charging, improved patient environments, and a “stronger voice” in how services are delivered.

### 2) Clinical quality

Ensuring the high quality of care commissioned, support for dental teams, monitoring treatment, and the monitoring of treatment income and expenditure.

### 3) NHS Commissioning capacity and capability

New statutory duty to provide or commission primary dental health services to reflect local requirements. Developing skills and expertise in commissioning.

### 4) Improving working lives

Volume of dental services provided in relation to the number of dental providers. Earnings and expenses, recruitment and retention.

This committee may wish to adopt these areas as the framework of any future review work.

An update paper from **Jamil Choglay, Commissioning Manager, Brent tPCT** is attached.

<b>Recommended Approach</b>	<b>Themed Meeting or Task Group</b>
<b>Suggested Start Date</b>	<b>November 2007 (TG)</b>
<b>Time scale of Review</b>	<b>4-6 Months (TG) 1 Committee Session</b>
<b>Contact Officer</b>	<b>James Sandy Policy &amp; Performance Officer 020 8937 1609 <a href="mailto:james.sandy@brent.gov.uk">james.sandy@brent.gov.uk</a></b>
<b>Version Date</b>	<b>August 2007</b>