

Response of the East Kilbride LHCC Advisory Group to the Consultative Document: Modernising NHS Dental Services

4/005

Preamble

Public perception of the NHS Dental Service is that it scarcely exists any more – for the following reasons:

- a. So many dentists offer a service which appears to be mainly private, with a very small proportion of their work being NHS supported.
- b. NHS dental charges are seen to be too high.
- c. Certain common treatments are not generally available through the NHS and therefore incur quite substantial charges e.g. crowns, bridges, etc.

For obvious reasons, most people do not like to go to see a dentist until they face problems with their teeth, and when they do go, they often experience dismay because of the issues outlined above. In short, the two major problems for the general public are:

- finding and accessing a dentist who does NHS work; and
- paying charges which to many, if not most people, are excessive.

As for the review document, we feel that, while it does identify the main issues, it often expresses points in a very woolly fashion and sometimes does not sufficiently illustrate them with examples. What we mean by this should become clear in the specific comments appended below.

Specific comments on the text

Page 6, para 2.1, last sentence: This sentence should surely be expressed differently. The sentence before it states correctly that '*many of the factors leading to poor oral health are the same as those which underpin the poor general health of the population – poverty, diet, tobacco use, etc*'. Tackling these problems therefore should be a key plank in the overall strategy for tackling oral health, not the other way round.

Page 6, para 2.2: It would have been helpful to state here more precisely how demography is changing, by giving a few comparative statistics.

Page 6, para 2.3.1: This paragraph does not give an accurate enough picture of private provision as opposed to treatment under the NHS. Nor does it indicate how it has come about that more and more dentists seem

to be able to move from NHS work to private work. Percentages or proportions, with comparisons between now and, say, 10 years ago, would have been helpful.

Page 7, para 2.3.1: Does the '*increasing move towards private provision*' lessen the cost to the NHS? Figures would again have been helpful.

Page 7, para 2.3.2: '*Over 50 salaried dentists*' in Scotland does not seem a very large number. Has a paper on this been published?

Page 7, para 2.3.3: Should the existence of Community Dental Services not be publicised more?

Page 7, para 2.3.5: How was the work of '*suitably trained dental therapists and hygienists*' extended? Examples, please.

Page 8, para 2.3.6: The first sentence is unclear. Does it mean that expenditure would rise by £53m to £247m, if there was no income from patient charges, or does it mean that £53m of the total £194m was covered by patient charges? Either way, £53m is a very large sum to be taking from patients.

Page 8, para 3.1: What is meant by '*a dynamic dental workforce*'? The word '*dynamic*' is meaningless.

Page 9, para 3.1.2: Was the allocation of '*£9.8m for dental practice improvements*' made on condition of improvement of NHS dental services? What was improved?

Page 11, para 3.3: These are good proposals. However, will '*free dental check-ups*' be carried out by ancillary staff? If so, what would the arrangements be for training current staff and for creating such jobs within the dental service?

Page 11, para 4.1: Reference is made in this paragraph to the '*Treadmill Effect*'. It is hard to see, however, how the framework for change proposals outlined at the top of page 12 would/could make any difference to this effect.

Page 12, para 4.2: We recognise that these are indeed the pressures for change and would stress particularly bullet points 1,2 and 6.

Page 13, para 4.3 How can patients be made '*free from worry about dental charges*' unless these are scrapped altogether? And how would a more transparent charging system be put in place successfully?

Page 13, para 4.4 Re '*evidence-based services and standards*', how would such evidence be gathered and promulgated?

Page 14, para 5.1 What exactly does the reference to '*the system for providing and rewarding dental services in the community*' mean? Spell out, please.

Page 15, para 5.3 The principles expressed in this section are fine and we agree that there should be a '*shift to more local responsibility and accountability*', but how will this be done? Will the public be involved in this partnership? If so, how?

There is also a reference to '*increased powers to Boards*' in this paragraph, but will there be financial resources to match?

What is envisaged by the notion to '*develop better community level support*'?

And what is meant by the '*balance*' to be achieved '*between local responsibility and national support*'?

Finally, in this section, there is certainly a need for '*robust IT systems*', but there is an even greater need for robust, i.e. reliable and competent, IT operators!

Page 16, para 6.1: It is difficult to see how the public can '*have a clear understanding about what the options are for a modernised dental service*' when so few know anything at all about this 'consultation'.

Page 17, para 6.2: Again the idea of promoting more prevention is fine, but how does one do that beyond school age? Reduction of charges? Free examinations plus advice at the same time?

Page 18 – Page 21. The intentions of these statements on pages 18 – 21 are unclear. They certainly raise for us the broad question of fraud in the NHS, a problem which has been widely publicised recently.

Page 18, section 6.3, first para: The notion that a dentist is actually offering an NHS service when he/she treats one NHS patient every 6

months is ludicrous. There should surely be a much greater commitment than that to the NHS to justify any kind of remuneration or support.

Page 19, section 6.3, bullet points: Points 4 and 8 are very important.

Page 20, section 6.4, bullet points: The first point is certainly valid, the fourth is not a good idea, in our view, because it opens the door to fraud.

Page 18 – Page 21. The intentions of these statements on pages 18 – 21 are unclear. They certainly raise for us the broad question of fraud in the NHS, a problem which has been widely publicised recently.

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