

1. What are the facilities at the Swadlincote Health Centre being used for at present and since the LIFT building was opened?

The dental facilities provided from the health centre are for all population groups and covers all mandatory dental services under the dental contract. The Community Dental Services team from the PCT Provider services maintains and manages this service.

The service is also provided for people who require urgent treatment and any follow-on course of treatment applicable.

A list will be provided at the meeting covering all the others services available to patients of the Health Centre.

2. Outline what efforts have been taken to fill the dental practitioner roles to utilise those empty surgeries

Recruitment is the responsibility of the Provider side of the PCT Community Services.

National and local adverts have been placed, using British Dental Journal (BDJ), NHS Jobs vacancy, word of mouth and discussed at a recent dental association conference. The Provider Side have utilised family friendly working policies (term time working/flexi time etc). Currently there's a 0.7WTE vacancy for a dental practitioner, which may be filled in the near future as there is some interest in the post. There are national recruitment difficulties with salaried services as dentists can earn more within general practice.

3. What interest, if any, has there been by established dental practices in using the facilities and outline what efforts has been taken by the PCT to generate potential interest?

The dental services provided at the Health Centre are as above. As such the dental surgeries are managed by the Community Dental team, and would not be available for other independent contractors to use, whilst there is a commissioned service via the Community team.

4. We believe that you no longer have to register with a dentist. Why have local residents been asked to register at the new Woodville Surgery?

With the new dental contract, practices are not obliged to keep a list of registered patients; however they may hold a list of patients that they see on a regular basis, and recall at appropriate intervals. Patients still have to complete a joining form at dental practices (which may be referred to as a registration form) prior to being seen by a dentist, that contains patient contact details, medical history, GP address etc.

5. It has been said that sessions for emergency treatment have been set aside at local dentists. Has this now happened?

The PCT had an allocation of non-recurrent funding for 2008/09. It was evident from patient contacts to the PCT and following monitoring of dental contracts that much of

the “out of hours” activity was being used for treating patients that had presented with problems “in hours”, therefore a service has been established to enable patients to be seen in a variety of locations across the PCT. Patients are seen, treated to get them out of pain and offered a course of treatment to deal with any ongoing problem (i.e. infection, prescribed antibiotics, tooth filled). Two local dental practices in the Swadlincote area offer urgent in hour’s care – these sessions run on a Monday, Tuesday, Wednesday and Friday.

6. What is the NHS’ definition of emergency dental treatment?

A dental emergency would be considered trauma or non-arrest of bleeding, both of which would generally constitute an A&E visit. Treatment for patients in pain should be provided within 24/48 hours.

7. What provision is made for out of hour’s service for the local community?

Dental Out of hours – patients may telephone NHS Direct if they require urgent dental care. They will be triaged by a dental nurse and referred as appropriate to a service for onward treatment. Scarsdale at Chesterfield and Coleman Street (previously Duffield Road) in Derby provide Out of Hours services – although Scarsdale is via referral only from NHS Direct.

8. Under the current system how many patients is it acceptable to be served by each individual NHS dentist?

The PCT would expect each whole time equivalent dentist to be able to treat 2500 patients. Clearly this will depend upon the treatment levels of the patients (whether or not they have seen a dentist in the last year or so) and the requirements to ensure that those patients become dentally fit.

9. Can children and their parents register with the same NHS dental practice?

Children and parents may receive a course of treatment at the same practice providing the practice has an NHS Dental contract that treats both adults and children. The PCT wants to ensure that all patients have the choice of access to an NHS dentist. There are a very small number of historic “restricted contracts” in existence in the PCT where the parents may receive private dental care. However, it’s the PCT’s strategy to ensure that the whole population is able to receive dental treatment from an NHS dentist, where possible.

The PCT will not commission NHS dental contracts for a restricted part of the population.

10. Are there any groups or individuals who are exempt/denied this service of care?

Under the terms of the NHS dental contract there is no discrimination regarding patients.

11. What is the PCT's current dental budget for South Derbyshire. Is this budget ring fenced and how has it been spent this year?

The value of dental contracts for South Derbyshire is £1.7m. Any funding available additional to the existing contracts is provided according to the dental strategy agreed by the PCT Board based upon manpower shortages and deprivation indices across various Wards/ localities across the County PCT area.

In 2008 the PCT has commissioned additional services in Chesterfield, South Normanton, Clowne/Creswell, Ilkeston, Bolsover, Swadlincote, Belper and Swanwick and has a new service opening in early 2009 in Shirebrook. Before the end of the current financial year, the PCT will be tendering for services in Ashbourne, Staveley, Eckington, Heanor and possibly Bolsover.

12. Are there any more deprived areas of the district where patients are exempt from paying charges?

Of course there are Exempt patients in all areas across the County PCT. We do not have any data to illustrate just how many patients reside in which locality. It is anticipated that in more deprived areas there will be a propensity for a higher than average number of patients may be exempt from dental charges.

13. How does the PCT utilise the charges levied at point of contact in the funding of the NHS Dental Service?

Patient Charge Revenue (PCR) becomes part of dentist's income as they collect this from the patient for dental treatment completed. A form (FP17) is completed for every patient who receives NHS dental treatment, once that treatment is finished. This form with the details of the treatment and the PCR applied is sent to the NHS Dental Services Division (DSD) to record. The amount of the PCR recorded is then deducted from the next future monthly payment made to a dentist (as they have already been paid) by the DSD. This ensures that the dentist only gets paid the actual contract value (CV) actually commissioned by the PCT.

Therefore, the PCT pays the dentists net of PCR rather than the gross amount of the CV.

14. Are patients removed from NHS dental care if they do not attend on a regular basis, if so how are they notified of this?

As independent contractors, dental practices have the right under the terms of their contract to use their discretion in terms of Failure to Attend (FTA) – some practices adopt a "3 strikes and you're out" rule whereby patients that regularly FTA will be written to and advised that if they continue to FTA they may be removed from the list. Practices will recall patients as per NICE guidelines (so every 6 -18 months dependant upon clinical need), so any that FTA will be notified (if verbally, it would be followed up in writing).

15. Under the current contractual arrangements, how often are patients required to attend for check-ups?

As above, practices will comply with recommendations from NICE and patients will be recalled for check-ups as clinically necessary (i.e. 6-18 months)

16. How does the PCT counteract the "Fill & Drill" culture?

The comment here relates to a time prior to the existing dental contract which has been in place since April 2006.

Under the terms of previous dental contracts dentists were paid for each and every piece of dental treatment completed. There were little preventative treatment within that charging structure which led to comments alleging that there may have been a culture whereby treatments were completed which may have enhanced income. Of course dentists have a duty to ensure that appropriate clinical treatment is provided.

The new contract since April 2006 was developed to ensure that a different way of working was established and removed the item of service charge for each piece of dental work to ensure that more health promotion and prevention was introduced. A preventative approach is now evidenced by the recent publication from the Department of Health entitled "*Choosing better oral health*" which sets out how dental professionals should now apply methods of dental care.

17. How does the PCT promote a preventative treatment service?

As above regarding the publication. All new dental contracts now contain the preventative approach as described in the above document.

18. How many types of dental contracts are offered to dental surgeries?

There are two types of dental contracts. General Dental Services (GDS) Contracts, which provide mandatory dental services (for example examination, diagnosis, extractions/ fillings, preventative care, x-rays, prescriptions) and Personal Dental Services (PDS) Agreements, which are time limited, and provide mandatory dental services and additional services such as sedation.

19. How many bands currently exist for patient charges in the NHS/Private practices and do these include categories of those who are exempt from these charges

There are 3 banding charges for NHS Treatment. These are national charges and are £16.20, £44.60, £198. If a patient's treatment requires them going from one band into a higher band, they'll only pay the charge for the band they're treatment comes under – not two amounts.

20 & 21 What are the current UDAs of our performing dental surgeons and what are the UDA targets for the South Derbyshire area?

The current UDAs for the dental practices in the South Derbyshire area are **73,280.00**. At mid-year 78% of the practices in South Derbyshire are performing well within the acceptable limits of contracted activity (30%). 22% are under the acceptable limit. This equates to 7 out of 9 practices are performing within acceptable limits

22. What monitoring takes place for Dental practices?

Dental practices are monitored from a finance and activity perspective (twice yearly), they submit self assessments for quality, receive Clinical Governance Visits on a rolling programme by the PCT's Dental Advisor and also the Dental Reference Service visit practices ad hoc. Data is provided to the PCT on a monthly basis to ensure that the PCT can monitor activity and treatments closely.

22. Are dental practices offering private services alongside NHS services?

Some dental practices may offer private services alongside NHS (for instance white fillings). The PCT would encourage practices offering a selection of private services and practices are within their right to mix some private with NHS.

23. Does the PCT practice Dental Screening in Primary and Secondary Schools. What statistics are available for south Derbyshire?

A national review of dental screening concluded that dental screening in its present form wasn't working. The PCT take a targeted approach and link screening and oral health promotion in areas identified as having high disease levels.

If specific details/results are required people may request details via PCT and information will be gathered and distributed?

24. If local practices are full what measures are taken to open new surgeries?

New services are set up based on need identified in each area – as per question 11 re: commissioning of services

For any further queries please contact communications@derbyshirecountypct.nhs.uk