Dental Services
In Barnsley

Report of the
Health and Adult Services
Scrutiny Commission

June 2007
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INTRODUCTION AND BACKGROUND

Foreword

On behalf of the Health and Adult Services Scrutiny Commission, I am pleased to present the Commission’s report of the pro-active investigation into Dental Services in Barnsley.

The scrutiny function of the Council was set up under the Local Government Act of 2000. The old committee system was replaced, and local councillors were given the power to scrutinise NHS bodies for the first time. This has enabled the Commission to examine issues of public concern within the Borough, which lie outside Council control.

Members of the Commission have on several occasions raised the matter of access to dental services in Barnsley as a key future health scrutiny issue.

Nationally there have been many headlines on the difficulties of new patients registering for NHS dental services. Locally it has been suggested that Barnsley has an appropriate level of NHS dental services available but anecdotal evidence suggests that people do not always find it so easy to access NHS dental services in Barnsley.

The Commission's findings and recommendations are based around four key themes:

THEME ONE  The current oral health status of Barnsley
THEME TWO  The new NHS contracts and what they mean for Barnsley
THEME THREE  Accessibility of dental services for the people of Barnsley
THEME FOUR  The future dental health of the population of Barnsley

The Commission have heard considerable evidence from a range of viewpoints. These included the Barnsley Primary Care Trust, local dentists (private and NHS) and the Director of Dental Public Health for South Yorkshire. A survey of the public was also undertaken. The high response to the survey underlined the interest of service users in dental provision, in particular through the NHS.

The work of the Commission emphasized the broader problems of health inequality in Barnsley. Overall the current oral health of Barnsley residents is poor, with one of the highest levels of dental decay in children across the country. There are especially severe problems in the most deprived parts of the Borough.

Following introduction of the Government’s new system for dental contracts, it is most encouraging that the level of resourcing for NHS dentistry remains on a par with previous years. Dentists have left the NHS but the positive action of the Primary Care Trust has ensured that services have been recommissioned elsewhere. In this Barnsley is faring better than many other areas, where basic access to a dentist has attracted media interest.
However, the Commission has identified a number of issues of concern. These include the level of service provision in the most deprived communities, strategy for preventative care, and the involvement of both dental practitioners and the public in how services might best be delivered. The findings and recommendations of the Commission are fully set out in the following report.

I also wish to acknowledge the contributions made by all who gave evidence in an open and positive way as part of the Scrutiny Commission’s investigation.

Councillor Janice Hancock
Chair of Health and Adult Services
Scrutiny Commission
June 2007
OBJECTIVES

In April 2006 the NHS introduced a new way of contracting with dentists for NHS services and the Health and Adult Services Scrutiny Commission decided to examine the impact of these changes on the dental health of the population of Barnsley.

This report documents the Health and Adult Services Scrutiny Commission’s examination into dental services in Barnsley and asks whether the oral health needs of the population are met and what the future holds for the dental health of the population following the recent changes to NHS dental contracts. The report sets out findings against the purpose of the inquiry and makes recommendations to the commissioners of dental services in Barnsley.

The Health and Adult Services Scrutiny Commission inquiry proposal is attached as Appendix A to this report.

TERMS OF REFERENCE

The scoping report to this inquiry is attached as Appendix B to this report.

The investigation examines:

- Current oral health status of Barnsley
- The new NHS contracts and what they mean for Barnsley
- Accessibility of dental services for the people of Barnsley
- The future dental health of the population of Barnsley

Water fluoridation, which may be relevant to the dental health of the population of Barnsley, is not examined in detail as this will be subject to a separate enquiry when the national proposal to allow PCTs to authorise water fluoridation is consulted upon later in the year. The Health and Adult Services Scrutiny Commission and the population of Barnsley will be fully involved in the consultation. There are also other issues which fall outside of the scope of this investigation but which do have an impact on the dental health of the population of Barnsley such as the issue of Out of Hours Emergency Care and also the training of dentists.

METHODOLOGY

A number of meetings have been held involving Barnsley Primary Care Trust, Dentists and the Director of Dental Health. The public’s views have been gathered through a questionnaire which was distributed across the Borough. This report brings together the evidence gathered and makes recommendations about the way forward.

See table on the next page for details of how the evidence was gathered.
Evidence was gathered as follows:

<table>
<thead>
<tr>
<th>WHO</th>
<th>HOW</th>
<th>WHEN</th>
</tr>
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<tbody>
<tr>
<td>PCT</td>
<td>Verbal evidence at Commission and</td>
<td>10 July 2006 5th February 2007</td>
</tr>
<tr>
<td></td>
<td>workgroup meetings</td>
<td></td>
</tr>
<tr>
<td>Director of Dental Public</td>
<td>Verbal evidence at workgroup meetings</td>
<td>4th December 2006 11th December 2006</td>
</tr>
<tr>
<td>Health</td>
<td>Examination of the OHS 2006-2009</td>
<td></td>
</tr>
<tr>
<td></td>
<td>practitioners</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Verbal evidence at workgroup meetings</td>
<td></td>
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<tr>
<td></td>
<td>Written submissions</td>
<td></td>
</tr>
<tr>
<td>Orthodontist</td>
<td>Verbal evidence at workgroup meeting.</td>
<td>19th January 2007</td>
</tr>
<tr>
<td>Public</td>
<td>3000 questionnaires distributed across</td>
<td>October/November 2006</td>
</tr>
<tr>
<td></td>
<td>Barnsley.</td>
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**RESEARCH AND EVIDENCE**

Current Oral Health Status of Barnsley

Oral Health is defined as ‘a standard of the oral and related tissues which enables an individual to eat, speak and socialise without active disease, discomfort or embarrassment and which contributes to general well-being’. Oral cancer, gum disease and dental decay all affect oral health. Poor oral health is associated with areas of social and economic deprivation where unemployment is high and educational attainment and life expectancy are low.

As documented in the Oral Health Strategy for Barnsley (2006-2009), Barnsley has one of the highest levels of dental decay in the country. Every week there is a children’s clinic at Barnsley Hospitals NHS Foundation Trust multiple extractions under general anaesthesia, which is reported to be fully booked every week.

Dental decay in children is measured using the Decayed, Missing and Filled Teeth (DMFT) index. A survey of 5 year olds in Barnsley carried out in 2003/04 showed that they have an average of 2.66 teeth which are decayed, missing or filled, against a national mean of 1.49. There has been virtually no change in the overall DMFT since 1997/98. Across South Yorkshire the trend is for worsening decay but with variation across areas. The increase in decay rates is particularly marked in Barnsley, which has the worst figure in South Yorkshire. The maps overleaf show the DMFT rates linked to wards for 5 year olds.
Oral health promotion work is on-going through Barnsley PCT’s ‘Keep Your Mouth and Teeth Fit for the Future’ programme and the ‘Healthy Schools’ initiative, with encouraging results. An evaluation of the Fit for the Future oral health promotion programme concluded that the role of oral health promoters in improving oral health should be maintained by continuing to provide oral health workshops for midwives and health visitors.

A complete list of the recommendations contained within the Oral Health Strategy, along with target dates, is attached as Appendix C to this report.

The main risk factors for oral cancer are smoking and alcohol. Barnsley has a disproportionately high number of cases of oral cancer, which is highly survivable if caught early. However, early diagnosis relies on regular attendance at a dentist.

**The new NHS General Dental Services (GDS) and Personal Dental Services (PDS) contracts**

An explanatory NHS document entitled ‘What you need to know about changes to NHS dentistry in England’ is attached as Appendix D to this report and explains the changes to the system.

On 1st April 2006 a new system for NHS dental contracts was introduced, with local Primary Care Trusts (PCTs) being responsible for NHS dentistry in their area rather than the Dental Practice Board (DPB). The short term objectives of the changes were to make NHS dentistry more attractive to dentists, promote a preventative approach to dental care and improve local access to NHS dentistry. In the long term, it was anticipated that this would lead to a matching of new service developments with local needs, meeting the oral health needs of the local population and further increasing the involvement and engagement of dentists in the local NHS. A simpler three tier for charging system for fee paying NHS patients was also introduced, with charges set at £15.50, £42.40 and £189 topped up with and a payment from the local PCT equating to 1, 3, or 12 Units of Dental Activity (UDAs). The old contracts were based on a list of over 400 items, and dentists were paid a fee per item. The more work they did, the more they were paid.

GDS dentists were paid item of service so they got paid for every treatment they carried out. Their target UDA activity levels and contract values were therefore calculated by the Department of Health based on activity undertaken in the baseline year of 1 October 2004 to 30th September 2005, and subsequently translated into UDAs on which individual dentists’ new annual contracts were based. The remainder of the activity required to meet the PCT’s overall target therefore had to be made up by PDS practices.

Two-thirds of Barnsley dentists took part in a PDS pilot study. During the study dentists’ workloads dropped but they received a constant level of income which meant that they did not have to chase fees but were able to concentrate on preventative work as well as treatment. This pilot was discontinued when the new contract came in and the activity currency of UDAs was introduced. A new PDS and a new GDS contract were established. The contracts are very similar, however PDS contracts are expected to deliver added value in terms of preventative work. As the workload had dropped in PDS practices in the pilot phase it was left to PCTs to agree the activity levels. The contract value was guaranteed under the new contract, provided that the dental practice agreed to deliver the
same level of NHS funded activity as previously. Dentists now have contracts with Barnsley PCT operating under ‘new GDS’ or ‘new PDS’.

**Oral Health Strategy for Barnsley 2006-09**

The aim of the strategy is to improve and maintain the oral health of the population of Barnsley. The Barnsley Oral Health Advisory Group (OHAG) is responsible for monitoring progress of the strategy action points and will report back to the Department of Health via the Strategic Health Authority.

The strategy states that the new contracting system:

‘does not provide much incentive for dentists to provide preventative measures … and is therefore contrary to the aims contained within the strategy’.

Patients no longer have to be registered with a dentist, so a dentist is no longer obliged to provide continuing care once a course of treatment has finished. However, neither are patients required to attend for regular six-monthly check-ups, which is good clinical practice where the dentist assesses the clinical need to be low. This is in line with NICE guidance and frees up more capacity to enable practices to provide services to a larger number of patients.

**Barnsley PCT UDA calculations**

As explained above/on page 8 the GDS UDA values were calculated on an individual practice basis by the Department of Health based on activity undertaken in the baseline year. The balance of the number of UDAs required to achieve the overall PCT target meant that local calculations were carried out to ensure that PDS practices would deliver the gap in activity and this led to a PDS UDA value of £23.52 being set. The PCT has an overall target of 411,386 units of dental activity (UDAs) to be achieved by 31\textsuperscript{st} March 2007 with an additional target of £3,251,683 to be generated from patient charge revenue. The year end position will not be reported until the end of June 2007, as dentists have until the end of May 2007 to submit forms for payment. At the end of March 2007, 367,735 UDAs had been completed and £2,391,013 of patient income generated. It is envisaged that there will be a shortfall in patient charge revenue.

**Impact on local dentists**

There are currently 33 general dental practices in Barnsley with around 72 dentists working in total under either new PDS or new GDS arrangements. Reaction to the new contracts amongst Barnsley dentists has been mixed, with some happy to work within the new system and some experiencing problems.

One dentist we spoke to commented that:

‘Due to the uplift in UDA numbers by the PCT, to ensure patient revenue meets the value set by the Department of Health, many practices are having to work very hard to meet targets. This means that they are working at capacity with no room for any slippage. However, this introduces a high level of stress, as daily monitoring of UDA values is common. UDAs are a variable currency and are
Health and Adult Services Scrutiny Commission: Dental Services in Barnsley

**completely dependant on the patient’s needs as they attend for treatment. This means that patients can become seen as a way of earning UDAs rather than people who require treatment. UDAs become important for quantity and not quality. This is not the way that health care should be given.**

Another Barnsley dentist stated that his practice has to do 42% more activity to generate the same amount of funding. Some dentists reported that they are now back to chasing targets and are worried that if they do not achieve 100% of their target, funding will be clawed back.

Patients who need lots of treatment get very good value for money, as the second charging band (£42) covers the full course of any treatment required, including check-ups, scale and polish, fillings, extractions etc. However, the dentist may have to work very hard on some patients who have poor dental health to receive the allocated three UDAs. This is certainly the case in more deprived areas, where patients may require very intensive treatment.

This may discourage dentists from practicing in deprived areas where need is higher and may lead to dentists’ unwillingness to take on new ‘unknown’ patients who may need lots of treatment. In addition, preventative treatments are very time consuming and not financially beneficial as dentists do not receive any UDA credit for carrying out such treatments. Some dentists we spoke to felt that UDA levels have been set wrongly and rely too heavily on patient revenue income, with no flexibility for one-off problems such as illness or continuing professional development. Dentists are now also unable to charge for missed appointments, which adds further pressure.

One local dentist stated that:

*’the process is turning us into a UDA factory, it’s nothing to do with patients anymore. Where’s the encouragement to do advanced dentistry such as root treatment to save teeth when you get the same number of points to just take teeth out?’*

Dentists are essentially sub-contracted to the NHS and are therefore self-employed. They own their premises, employ staff, buy equipment and meet running costs. This has always been the case, with such costs met by the remuneration from patient treatment. However, the high level of UDAs for the contract may make targets harder to achieve.

There seems to be concern amongst smaller dental practices that large corporate bodies will negotiate with PCTs for a greater share of the dental ‘pot’. Due to their size, such companies are more flexible than small practices as if a dentist is ill, another can be found within the organisation to cover that dentist’s work and ensure UDA targets are met.

Apparently such companies tend to employ new graduates on lower salaries than established practitioners, and thus are able to turn out work as quickly and as profitably as possible.

Denplan is a private dental insurance company which is running a series of ‘Your Choice’ seminars, aimed at encouraging dentists to leave the NHS and go in to private practice. Their recent advertising campaign reads as follows:
Nearly one year in, has the new NHS contract met your expectations?

Are you still unsure what the future holds for your practice?

Are you struggling to meet your UDA targets?

With just over two years of guaranteed NHS funding left, this is an important time to reflect and plan for the future. Take back the control to make clinical decisions based on your patients needs, not NHS targets. Have the freedom to set YOUR own fees and work the hours you wish.’

Such advertising will make dentists think twice about remaining with the NHS, when ‘going private’ is advertised as such an attractive option.

However, a number of local dentists are very happy with the new system. A number of practices have approached the PCT expressing a desire to increase their NHS commitment, which indicates they have met the targets within their contracts and have the capacity to do further work.

At a working group meeting held on 2nd April 2007 a local dentist was of the opinion that although dentists now have treatment targets to meet, if the system remains as it is it is possible to work within it. The amount of the contract is divided into 12 equal payments, so there is no uncertainty about what income you will receive from one month to the next, which is good as long as the targets are achieved. Under the old fee per item system it was difficult to predict what income would be generated from one month to the next. Extra work would have to be done to ensure sufficient income, for example at holiday times.

There are fears that the new system could change again after 2009, when the present ring-fencing is removed, and it is this uncertainty which is causing many NHS dentists to rethink their position. Once dentists leave the NHS they are unlikely to return. Setting up a new dental practice is expensive and there is little in the way of help for capital funding.

As at January 2007, of the 17 contracts (equating to 232,157 UDAs) initially ‘in dispute’, by 14 contracts had been successfully resolved with the outcome accepted by both parties (representing 208,326 UDAs), 2 contracts remain unresolved (representing 12,717 UDAs) and one contract (representing 11,114 UDAs) has been resolved but with the outcome not accepted. This is much better than in other areas, where a greater percentage of contracts remain ‘in dispute’.

Accessibility of dental services for the people of Barnsley

When the new NHS contracts were introduced it was stated by the Department of Health that these reforms formed part of an overall strategy for NHS dentistry which were designed to benefit patients and dentists alike by improving the accessibility of dental services. The government envisaged that by ending the requirement for patients to be registered with a dentist, that patients would be able to walk in to any practice in the area of their choice and be treated, thereby increasing access to services.

Barnsley PCT has stated that the amount of dental activity which is commissioned remains the same as before the new contracts were put in place. This indicates that there have
been no cuts to service. Where local dentists have decided to leave the NHS, the PCT has recommissioned that dental activity with other dentists in the area.

The Oral Health Strategy states:

‘In Barnsley research shows that there is an uneven distribution of NHS dental practices, with deprived areas tending to be less well served than more affluent ones and a lack of dentists in those areas of highest DMFT’.

and:

‘Dentists need to be encouraged to practice in areas of high need, but there is the additional problem of the difficulty in generating the required levels of patient income in such deprived areas. Additionally, there has been a big rise in demand for cosmetic treatments such as tooth whitening, which are not available on the NHS. If patients continue to demand more private care of this nature, this cuts down on the number of hours available for NHS treatment’.

A map showing the distribution of dental practices by Electoral ward and the extent of DMFT is attached at appendix G to this report.

A map showing the distribution of dental practices across the Borough by PCT locality is attached at appendix H to this report.

There are a number of LIFT buildings in Barnsley located in Worsborough, Thurnscoe and Goldthorpe, with more planned. In order to improve access to dental services within deprived areas, one solution could be to encourage dental practices to use LIFT buildings. However, one problem which needs to be considered is that dentists are essentially subcontractors and as such are not employed by the PCT. Many of them own their dental practice premises and would not be willing to rent. The commercial rates for rental of the premises are expensive for dentists and in some cases involve signing a 25 year lease agreement (a Government requirement), which dentists are not willing to do.

A total of 10 dentists across 3 practices have left the NHS in Barnsley since the introduction of the new contracts. In all cases, dental services have been recommissioned by the PCT from nearby practices.

As at 24th April 2007, of the 32 practices listed on the NHS website and registered with Barnsley PCT to provide NHS dental services, 13 are currently accepting new NHS patients. These are located in:

- Stairfoot,
- Barnsley Town Centre (4),
- Thurnscoe,
- Darfield,
- Hoyland,
- Bolton on Dearne,
- Wombwell,
- Grimethorpe,
• Athersley
• Royston.

Full details of the practices accepting new NHS patients are attached as Appendix F to this report.

The situation with regard to accessibility of NHS dental services is much better in Barnsley than in other nearby areas, as shown in the following table:

<table>
<thead>
<tr>
<th>PCT</th>
<th>No of practices</th>
<th>No. accepting new NHS patients</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barnsley</td>
<td>32</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Huddersfield</td>
<td>56</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Wakefield</td>
<td>38</td>
<td>6</td>
<td>Additional 3 practices accepting children only.</td>
</tr>
<tr>
<td>Doncaster</td>
<td>47</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Rotherham</td>
<td>30</td>
<td>0</td>
<td>1 practice accepting children only</td>
</tr>
<tr>
<td>Sheffield</td>
<td>100</td>
<td>14</td>
<td>Additional 6 practices accepting children only</td>
</tr>
</tbody>
</table>

When the requirement for patient registration ended, figures up to the end of March 2006 indicated that the take-up rate for NHS dentistry for all under 18s was as follows:

**Barnsley**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>*Doncaster Central</td>
<td>104.2%</td>
</tr>
<tr>
<td>Doncaster East</td>
<td>51.9%</td>
</tr>
<tr>
<td>Doncaster West</td>
<td>71.9%</td>
</tr>
</tbody>
</table>

Rotherham

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheffield North</td>
<td>63.4%</td>
</tr>
<tr>
<td>Sheffield SE</td>
<td>76.6%</td>
</tr>
<tr>
<td>Sheffield W</td>
<td>73.0%</td>
</tr>
<tr>
<td>*Sheffield SW</td>
<td>100.4%</td>
</tr>
</tbody>
</table>

* The reason Sheffield and Doncaster look so unbalanced is because of the historic unevenness of practice distributions before the PCTs were created.
These figures show that up to March 2006 there was a greater percentage of children and young people registered with an NHS dentist in Barnsley than across England and Wales.

The figures do not include children and young people registered with a dentist for private treatment as this figure is impossible to quantify.
The take-up rate of the local population at the end of March 2006, for all 18 and over:

<table>
<thead>
<tr>
<th>Area</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barnsley</td>
<td>62.6%</td>
</tr>
<tr>
<td>Doncaster Central</td>
<td>98.9%</td>
</tr>
<tr>
<td>Doncaster East</td>
<td>47.1%</td>
</tr>
<tr>
<td>Doncaster West</td>
<td>63.5%</td>
</tr>
<tr>
<td>Rotherham</td>
<td>52.0%</td>
</tr>
<tr>
<td>Sheffield North</td>
<td>54.7%</td>
</tr>
<tr>
<td>Sheffield SE</td>
<td>63.9%</td>
</tr>
<tr>
<td>Sheffield W</td>
<td>60.0%</td>
</tr>
<tr>
<td>Sheffield SW</td>
<td>72.9%</td>
</tr>
<tr>
<td>South Yorkshire</td>
<td>61.4%</td>
</tr>
<tr>
<td>England &amp; Wales</td>
<td>46.2%</td>
</tr>
</tbody>
</table>

Similarly, the figures for adults show that in March 2006 there was a significantly greater percentage of adults over 18 registered with an NHS dentist in Barnsley than across England and Wales.

The figures do not include those registered with a dentist for private treatment as this figure is impossible to quantify.

(Source: Dental Practice Division, 2006)

**Impact on the general population**

The Health and Adult Services Scrutiny Commission carried out a survey of the general public asked if people were aware of the recent changes to NHS dental services.

Questionnaires were distributed across a variety of locations in Barnsley, including the Barnsley Hospitals NHS Foundation Trust, LIFT buildings, Barnsley Connects Offices, Doctors Surgeries, Pharmacies, Libraries and through the Area Forums. 776 completed questionnaires were returned.

86% of respondents reported that they visit a dentist, with 80% visiting an NHS dentist. Of the 14% who stated that they did not visit a dentist, 75% of these stated that being unable to find an NHS dentist taking on new patients as a reason why they did not go. 28% of those who do not visit a dentist stated the expense as a reason for not going.

76% of respondents indicated that they were aware of the changes to NHS dental contracts. When asked if the changes had affected them, 68% indicated that they had been affected. Comments included:

‘I cannot find a dentist who is prepared to take on NHS patients locally, so I have to go private’.
'There seems to be a complete lack of dentists accepting NHS patients in the Barnsley area, all citing NHS contractual difficulties'.

'My dentist could not work to targets so decided to go private. I believe targets can’t be set where people’s health is concerned'

'Unable to locate NHS dentist. Price of private treatment exorbitant'.

'I am now pregnant and cannot get an NHS dentist'.

'My dentist stopped taking NHS patients earlier this year. I am 82 years of age and have to pay £16 per month. This after paying into the NHS all my working life!'

'My family now have to pay in excess of £50 a month to stay on Denplan to avoid not having a dentist at all'.

Of the 32% who stated they had not been affected by the changes, a number expressed concern that further changes would happen in the future which would affect them adversely.

‘Access to NHS care has been dramatically reduced with dentists now having to hit targets rather than concentrate on clinical need. Access for children’s dentistry should be a priority’.

However, a number of respondents were happy with the services they received. One respondent commented:

‘I consider myself very fortunate to have an excellent dentist who is prepared to operate within the NHS. I have been encouraged to increase the interval between check ups but I have no problem with this’.

Another respondent stated:

‘I am 18 and now pay for treatment. The new changes make it easier to understand and seem a fairer way to pay’.

As with dentists, opinion seems to be divided amongst the general population about the changes to the NHS dental contracts. However, the fact remains that 80% of respondents to the Health and Adult Services Scrutiny Commission survey are able to access an NHS dentist.

Older People

The population is ageing. The number of older people (75+) increased by 14% between 1991 and 2001 and is expected to continue to rise. Traditionally older people have been fitted with dentures but this trend is now changing. It is estimated that in 20 years time 80% of older people will still have some or all of their own teeth, which will probably require higher maintenance. Having natural teeth has many health benefits and contributes to wellbeing and quality of life.
At present there is no oral health promotion targeted at older people, but this may have to change in the future. Barriers to older people accessing dental health services will need to be overcome to increase the numbers receiving dental care, such as an increase in domiciliary dental care available to older people, whether that is in residential care or in their own homes.

**Special needs children and adults**

At present Community Dental Services are provided for children and adults with special needs who are unable to obtain treatment through general dental services. There is a clinic at New Street and satellite clinics at Goldthorpe and Cudworth. A Senior Dental Officer in Special Needs and Specialist Paediatric Dentist provide treatment and oral health advice to clients with special needs and their carers, both in the community and within special schools, supported by dental nurses trained in oral health education and nutrition.

The Community Dental Service no longer screens all school children. Survey work and some limited screening is confined to primary and special needs schools.

**Vulnerable children and adults**

There is no specific oral health promotion programme aimed at gypsies and travellers, homeless people, asylum seekers and those with drug/alcohol dependence. No data is available on the percentage of people from these groups who access dental services.

**Orthodontic treatment**

There has been a shortage of orthodontic treatment available in Barnsley for a number of years. There is an orthodontic service based at the hospital but there is a 2 year waiting period and only children are treated unless the patient is an adult with facial damage following an accident.

After 3 years of planning, an NHS funded practice, Trinity Orthodontics, opened in Barnsley in February 2004. This is in addition to three dental practices which provide orthodontic services. The reference period for the specialist practice, which was used to determine levels of future funding, ran from October 2004 onwards but unfortunately this was at a time when the practice was not fully established. The treatment period for orthodontics can be in excess of two years and this meant that the practice was only able to complete 200 treatments within the reference period, despite having 1600 patients on the books, which led to a vast shortfall in income when the new contracts were drawn up.

Patients seeking orthodontic treatment are assessed by an index of treatment need (IOTN). There are 5 categories of the IOTN ranging from 1 (no need for treatment) to 5 (great need). Only those with the most severe orthodontic problems (IOTN 5, 4 and 3 with an aesthetic component of 6 or above) are now funded by the NHS for their treatment.

Those patients not meeting these criteria may seek private orthodontic treatment.

The Index of Treatment Need (IOTN), on a scale of 1 to 5 (5 being most severe) is used as eligibility criteria for treatment and reduces the number of patients who can be treated.
Information supplied to the Commission by the local provider indicate that nationally, one in three children born each year will have a definite need for treatment (grade 4 and 5 on the IOTN scale). Barnsley has around 3000 children born every year, which means that between 800 and 1000 every year may fall within IOTN grades 4 and 5 and may need orthodontic treatment in the future. Trinity House Orthodontics’ contract is to treat 200 per year, which means that in their opinion they have not been allocated sufficient units of orthodontic activity (UOA) under the new contracts to meet the perceived demand for NHS treatment. There are 400 patients currently on the waiting list for NHS orthodontic treatment at Trinity House orthodontics.

The reference period for the new orthodontic contracts was 1st October 2004 – 30th September 2005. Given that the average length of treatment is 2 years, no treatments were fully completed within that time period, therefore the contracts value was developed to treat fewer patients than expected. Patients are now being referred on to neighbouring authorities or given the option of private treatment.

Department of Health guidelines on new orthodontic contracts states:

‘Where a dentist’s activity has been growing and the Calculated Annual Contract Value (CACV) does not fully reflect the current work in hand, the NHS should, as a matter of principle, seek to fund the completion of all current cases.’

However, information supplied by the Commissioner indicates that according to a Health Needs Analysis, carried out by the Consultant in Dental Public Health, the gap between need and provision equates to around 64 cases per year, not 600 as quoted by the local provider using a national formula.

Funding is available for 250 patients, which when added to the 64 shortfall is 314. Although Trinity House has around 1600 people registered for treatment, a large number of these will not qualify for treatment using the IOTN. If this is indeed the case, the gap between what is funded and what is needed is small and when looking at funding across the whole of South Yorkshire, funding may be sufficient to meet need, albeit that patients may have to travel outside their local area to receive such treatment.

The PCT were invited to a further working group to respond to the issues raised. It was explained that in terms of orthodontic treatment a decision has to be made about what takes priority, either cosmetic work or that which has an impact on health. The Index of Treatment Need (IOTN) determines what impact there is on health and some treatment which was previously done may now be classed as cosmetic, which means the patient will have to pay. Units of Orthodontic Activity (OUAs) are not tracked by the government; orthodontic treatment is very expensive and does not generate any patient charge revenue. In the opinion of the PCT, orthodontics are not a priority for funding when considered alongside oral health promotion and dentistry, which would benefit a far greater number of people.

The PCT confirmed that there is a perceived £500,000 income shortfall for orthodontic treatment at Trinity House because of the way in which the new contract was calculated. Capital funding was given to enable the establishment of Trinity Orthodontics, but revenue funding was not guaranteed. The PCT is actively seeking to bridge the revenue funding shortfall identified through the needs assessment.
CONCLUSIONS AND RECOMMENDATIONS

THEME 1 - Barnsley's oral health

- The standard of adult dental health is not measured, but 62% of Barnsley adults (69% of children) were registered with an NHS dentist in March 2006, when the requirement to register with a dentist ceased. This is above the national average.

- The joint annual report of the Directors of Public Health in South Yorkshire ‘Improving Health, Narrowing the Divide’ states that the dental health of children in South Yorkshire is significantly worse than the average for England and continues to deteriorate in some communities. This trend for a worsening of decay rates is particularly marked in Barnsley, which has the highest levels of DMFT in South Yorkshire.

- The levels of decay vary significantly across Wards. Areas which are highest on the DMFT index (almost three times the national average) are: Athersley, Monk Bretton, Brierley, Park, Hoyland East and Dearne South.

- Prevention is the key to improvement which can be effectively tackled most effectively through oral health promotion programmes rather than through dentists as their role is essentially at the ‘treatment end’. The benefits of such programmes will not be seen for some time.

- A range of preventative work and advice is given by GPs, pharmacists, health visitors and also within the community – for example at the various Surestart facilities across the Borough.

- The standard of oral health is linked to other issues such as obesity and smoking. Programmes to address these issues will have a positive impact on oral health. ‘Fit for the Future’ is a key issue and will be a priority for the Health and Adult Services Scrutiny Commission.

Recommendations:

1. Areas with higher disease levels have fewer dentists and this geographical imbalance needs to be addressed. Services should be targeted and commissioned in areas where there are low numbers of dentists and high dental disease levels – for example in deprived areas, in spite of the fact that the level of patient charge revenue in such areas will be low. Treatment targets in these areas should be more realistic to reflect higher treatment needs of the population and difficulty in achieving treatment targets.

2. That appropriate local targets and action plans, both short term and long term, be established to bring the state of dental health in Barnsley in line with national standards.

3. That alternative methods of increasing dental care provision and quality be assessed in this context, for example increased use of dental hygienists.
THEME 2 - The new NHS contracts

- The level of PCT funding for dentistry is the same as it was before the introduction of the new contracts, therefore the equivalent amount of (activity) treatment is being carried out.

- 10 Dentists across three practices have left the NHS since the introduction of the new contracts. All dental services previously provided by these dentists have been recommissioned with local dentists as near as possible to the area where the activity was lost.

- A patient charge revenue shortfall is forecast for the end of this financial year, which will put pressure on the PCT to ‘balance the books’. At the end of March 2007, £2,391,013 of patient revenue had been generated against an overall target of £3,251,683. The full extent of the shortfall which will not be known until the end of June.

- Of the 17 contracts which were originally in dispute, only 2 remained unresolved by January 2007.

- Dentists in Barnsley appear to be divided in their opinion about the effectiveness of the new contracts. Some are satisfied with the contracts they were awarded and others are not, stating that the targets which have been set are not achievable and that the way UDAs and contracts were calculated was unfair.

- There seems to be a difference of opinion amongst patients, with some satisfied with the new system and others not.

- 13 of the 32 dentists registered with Barnsley PCT to provide NHS dental services are accepting new NHS patients.

- Only the most severe cases requiring orthodontic treatment will now be treated on the NHS and no patient income is generated. Less severe cases will have to pay privately for treatment.

Recommendations:

1. The commission is concerned that some dentists may be under pressure to ‘rush through’ NHS patients in order to achieve their UDA targets. The achievement of UDA targets does not necessarily mean that dental work is being completed to a high standard as it is a measure of quantity not quality. There is a need to consider how the quality of NHS dental work can be evaluated to ensure that the NHS patient does not receive treatment which is inferior to private treatment.

2. There is a need to reduce uncertainty amongst NHS dentists by giving a guaranteed level of funding for a longer period of time. This will give dental practices a degree of stability and may encourage them to remain within the NHS rather than go private.
3. There is a need to explore the possibility of building flexibility into contracts for smaller practices – e.g. to cover for unforeseen circumstances such as illness and will also alleviate the pressure of trying to achieve UDA targets under exceptional circumstances. Most dental practices in Barnsley are small, with two or three dentists working at the practice and if one dentist within the practice should become ill, there is no guarantee that the remaining dentists can cover the work and thus achieve the required UDA targets.

4. The PCT needs to look at putting measures in place to address the envisaged patient revenue shortfall to balance the budget without the need to cut services.

5. The PCT should pro-actively seek the views, experiences and aspirations of local dental practitioners in respect of the new NHS contracts and the way forward when the new system is up for review.
THEME 3 - Access to dental services

- At 62%, the percentage of adult patients who were registered with an NHS dentist in Barnsley in March 2006 was significantly greater than the national average of 46.2%.

- At 69% the percentage of children and young people who were registered with an NHS dentist in Barnsley in March 2006 was significantly greater than the national average of 62.9%.

- The Scrutiny Commission survey indicated that 80% of respondents visited an NHS dentist in Barnsley.

- There are fewer dentists in deprived areas and a concentration of practices within the town centre. Low income families and those on benefits may be unable to afford to travel to practices outside their neighbourhood and may be deterred from seeking treatment due to lack of a locally based practice.

- Limited dental treatment takes place in LIFT buildings, which are let on a 25 year lease to dentists, as stipulated by central government.

- There are issues around the accessibility of dental services for vulnerable groups such as older people, special needs children and adults, gipsy and traveller groups and asylum seekers.

- There is a concern that services will not be commissioned in areas where need is highest because a low level of patient income is likely to be generated in such areas and would not help the PCT to ‘balance the books’.

- The local orthodontic practice has been allocated insufficient units of orthodontic activity (UOA) under the new contracts to meet the demand for NHS orthodontic treatment in Barnsley.

- Access to NHS orthodontic services at the local practice has been reduced by 80%, with a requirement for patients to travel to other areas outside the Borough.

Recommendations:

1. The PCT should explore the possibility of introducing more flexibility into LIFT building leases for dentists as the 25 year term is not attractive and does not encourage dentists to practice in deprived areas where the LIFT buildings are located.

2. The PCT should explore the possibility of encouraging dentists to practice in more deprived areas through incentive schemes as UDA targets may be unrealistic and more difficult to achieve in deprived areas than in affluent areas.

3. The PCT should look at developing an oral care visiting service for older people as the number of older people with natural teeth is set to increase significantly in the future but mobility problems may prevent them from accessing dental services.
4. The PCT should identify funding to assist dentists in carrying out necessary alterations to ensure DDA compliance, as many dental surgeries in Barnsley are not compliant.

5. That the PCT take appropriate action to protect local NHS provision of orthodontic services in Barnsley. The Commission is concerned that Barnsley may lose its NHS orthodontic practice and that people will have to travel to other areas to access treatment. The PCT should give orthodontic treatment a higher priority within their service delivery plans and seek to determine if there is any flexibility within the dental budget to ensure this does not happen.
THEME 4 - What the future holds for the dental health of Barnsley

• This largely depends on what happens with dental contracts and overall funding for dentistry.

• More dentists may opt out of the NHS and go into private practice due to the uncertainty over funding.

• If we are to secure long term improvement in dental health, there is a need for increased prevention, particularly in deprived areas.

• The benefits of prevention will not be seen in the short term.

• Other Borough wide health promotion programmes which address issues such as obesity and smoking will also have a positive impact on oral health in the long term.

• If patients continue to demand more private treatment from NHS dentists such as tooth whitening, this may mean that dentists will decide to reduce their NHS commitment and concentrate more on such lucrative cosmetic treatments.

Recommendations:

1. That the recommendations for preventative care outlined within the Oral Health Strategy be further developed, including named ‘champions’ to lead various aspects of the strategy, accompanied by ‘SMART’ targets.

2. That current UDA targets and related levels of funding be protected as a minimum requirement.

3. That the appropriateness of Central Government funding for dental services in Barnsley be re-examined within the context of Barnsley demographics; poor oral health and the problems of generating adequate patient revenue income.

4. That Central Government be lobbied to provide equitable funding for dental health services in Barnsley.

5. That customer research be carried out in relation to how dental care is delivered in Barnsley, in the context of the revised funding and recharge regime.

6. That communications and information strategy for the provision of dental services in Barnsley be reviewed, in particular to increase customer awareness of the new contracting system, patient registration and availability of NHS provision within the locality. Although this information is available on the internet, this is not accessible and appropriate for the whole of the population.
MEMBERSHIP OF THE HEALTH & ADULT SERVICES SCRUTINY COMMISSION

Chairman: Councillor Janice Hancock

Vice-Chair: Councillor Len Picken

Members: Councillors Brankin, Councillor Brook, Councillor Clowery, Councillor Higginbottom, Councillor Howard, Councillor Millner, Councillor Parkinson, Councillor Perrin, Councillor Sheard, Councillor Spence, Councillor Sylvester, Councillor Taylor, Councillor C. C. Wraith

Adviser: Russell Ogden

Democratic Support: Elizabeth Barnard

June 2007
BIBLIOGRAPHY


Evaluation of the Fit for the Future Oral Health promotion programme in Barnsley District June 2006

Improving Health, Narrowing the Divide: A joint annual report of the Directors of Public Health in South Yorkshire

GLOSSARY OF TERMS

UDA’s Units of Dental Activity
UOA’s Units of Orthodontic Activity
DMFT Decayed, missing and filled teeth
GDS General Dental Services
PDS Personal Dental Services

APPENDICES

Appendix A – Inquiry proposal
Appendix B – Scoping Report
Appendix C – Oral Health Strategy 2006-09 Summary of Recommendations
Appendix D – NHS document re changes to NHS Dentistry
Appendix E – Health and Adult Services Scrutiny Commission survey results
Appendix F – List of Barnsley PCT dentists currently taking on new NHS patients
Appendix G – Distribution of DMFT and Barnsley Dental Practices by Electoral Ward
Appendix H – Barnsley PCT localities and dentists
# Health & Adult Services Scrutiny Commission Inquiry Proposal

## Purpose of the Inquiry:
To investigate Dental Services in Barnsley

## Background:
Nationally there have been many headlines on the difficulties of new patients registering for NHS dental services. Locally it has been suggested that Barnsley has an appropriate level of NHS dental services available. Further the NHS has introduced a new way of contracting with dentists for NHS services. However, anecdotal evidence suggests that people do not always find it so easy to access NHS dental services in Barnsley. Additionally there are concerns regarding the dental health of the population.

## Relevance and Timing:
Barnsley PPI (Patient & Public Involvement) Forum has recently taken an initial look at dental services in Barnsley. It is proposed that the Commission investigation and method of inquiry complement any future work of the PPI Forum. Further that ways of working in partnership with the PPI Forum on this topic be explored.

## Public Interest:
The services under investigation affect the whole population of Barnsley. Especially those that experience difficulties in accessing dental services.

## Scope:
This inquiry/investigation will examine in particular:
- What does the new NHS contract mean for dentists and patients in Barnsley?
- How accessible are dental services for the people of Barnsley?
- What are the impacts on the future dental health of the population of Barnsley?
- Do dental services in Barnsley meet the needs of the population?

The investigation/inquiry will also seek to gather evidence in connection with the following 5 key issues:

1. The effectiveness of Performance Management,
2. The effectiveness and approach to Risk Management,
3. The engagement and involvement of users (challenging the extent of user involvement),
4. Issues around access to services,
5. The promotion of equality and diversity issues.

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g:\windata\elizabeth barnard\dental services\dental report appx a.doc
**EVIDENCE/WITNESSES:** To gather evidence direct from relevant parties:
- Barnsley Primary Care Trust (to include Public Health)
- Dentists (including General Dental Practitioners, Orthodontists and hospital based providers of dental treatment)
- Wider public (including those who access dental care and those who do not)

Methods to gather evidence will include:
- Verbal evidence at Commission or workgroup meetings
- Calls for written evidence from practitioners and the wider public
- Visits to dental services providers as appropriate

**TIMESCALE:** Approximately 6 months up to December 2006

**RESOURCES:**
- Attendance of members at 6 Commission/Workgroup sessions
- Visits may require attendance at additional sessions
- Each session will require officer attendance and preparation time
- Officer support to undertake survey work/calls for evidence
- Final report will require additional officer & member time

**OUTPUT:** Output will be in the form of a final report that sets out findings against the purpose of the inquiry and if appropriate makes recommendations to the commissioners & providers of dental services in Barnsley. Scrutiny will add value by ensuring that the public interest is best represented.

**OUTCOME:** This inquiry will demonstrate that Overview & Scrutiny has examined whether dental services in Barnsley meet the needs of the population and therefore the Health & Adult Services Scrutiny Commission has met its responsibility to review and scrutinise matters relating to the health service in Barnsley, in the public interest.
PRO-ACTIVE ITEM: SCOPING REPORT
DENTAL SERVICES IN BARNSLY

1.0 Purpose of the report

1.1 To provide Members of the Commission with information in respect of a potential pro-active item for this Commission.

2.0 Recommendations

2.1 That Members of the Commission agree to this pro-active item as the first major item to be undertaken in this years work programme.

2.2 That Members of the Commission determine which of the options referred to in paragraph 4.5 they would like to pursue in respect of undertaking this pro-active item.

3.0 Background

3.1 Nationally there have been many headlines on the difficulties of new patients registering for NHS dental services. Locally it has been suggested that Barnsley has an appropriate level of NHS dental services available. Further the NHS has introduced a new way of contracting with dentists for NHS services. However, anecdotal evidence suggests that people do not always find it so easy to access NHS dental services in Barnsley.

4.0 Pro-active item & way forward

4.1 Members of the Commission have on several occasions raised the matter of access to dental services in Barnsley as a key future health scrutiny issue. Therefore this item has been placed on the work programme for 2006/2007 of this Commission. Subject to agreement of the work programme by the Commission it is proposed to start this pro-active item early in this municipal year.

4.2 The suggested way forward with this pro-active item is to arrange a number of evidence gathering sessions over the coming months to
The current proposed key lines of enquiry will be to determine:

- What does the new NHS contract mean for dentists and patients in Barnsley?
- How accessible are dental services for the people of Barnsley?
- What are the impacts on the future dental health of the population of Barnsley?

It is suggested that the method of enquiry for this pro-active item should comprise workgroup style meetings to gather evidence direct from relevant parties and further to advertise calls for written evidence from interested parties and the general public to be submitted for consideration.

To facilitate workgroup style meetings an alternative approach is put forward for Members of the Commission to consider under Option A below. If this option does not appeal then the Commission can consider the more usual approach used in the past indicated under Option B below:

**Option A:** Timetable a workgroup style meeting to take place prior to the main full scheduled meetings that are in the Council diary. A decision needs to be made on whether this would take place at the current 2:00pm start or an earlier 1:00pm start. To ensure the time commitment for members is not greatly increased it is proposed to keep the agenda of the full meeting on that day to a workable minimum. This option allows all Members of the Commission to participate in this pro-active topic and does not introduce an additional daily commitment for those members. By encouraging a workgroup style environment it allows the benefits that these informal settings bring to be realised.

**Option B:** Set up a separate workgroup comprising a small number of members of the Commission, to meet separately from and in addition to the scheduled full meetings of the Commission. The workgroup would set its own timetable and programme of work for the pro-active topic and would report back to the full commission at the end of its deliberations and conclusions.

5.0 **Background Papers**

5.1 None referred to.

Officer Contact: Alice Hetherington  (01226) 773077

Date: 26th May 2006
### Oral health strategy for Barnsley 2006 – 2009: Summary of Recommendations

<table>
<thead>
<tr>
<th>Category: Pre-school children</th>
<th>Leads</th>
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<tr>
<td><strong>Recommendation</strong></td>
<td><strong>PCT</strong></td>
<td><strong>2007</strong></td>
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<tr>
<td>1 Mainstream funding for the two oral health promoters.</td>
<td>PCT</td>
<td>2007</td>
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<tr>
<td>2 Funding for an additional oral health promoter.</td>
<td>PCT</td>
<td>2007</td>
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<tr>
<td>3 Funding for clerical support and resources for the oral health promotion team.</td>
<td>PCT</td>
<td>2007</td>
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<tr>
<td>4 Funding for toothbrush and toothpaste packs, bottle to cup packs and educational leaflets.</td>
<td>PCT</td>
<td>2008</td>
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<tr>
<td>5 Oral health education (OHE) for community pharmacists and support staff.</td>
<td>Oral Health Promotion (OHP)</td>
<td>2007</td>
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<td></td>
<td>PCT Community Pharmacy Lead</td>
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<td>6 Recommend to local pharmacies and shops to stock appropriate products.</td>
<td>OHP</td>
<td>2007</td>
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<td></td>
<td>PCT Community Pharmacy Lead</td>
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<td>7 OHE for peer support workers</td>
<td>OHP</td>
<td>2008</td>
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<tr>
<td>8 Information for midwives and health visitors regarding local oral health promotion initiatives during their induction programme</td>
<td>OHP Health Visitors Midwives</td>
<td>2007</td>
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<tr>
<td>9 Workshops for midwives, health visitors, health improvement workers and other health professionals to update knowledge on oral health promotion</td>
<td>OHP Health Visitors Midwives Health Improvement Workers</td>
<td>2007</td>
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<tr>
<td>10 Monitor distribution of dental packs by health visitors</td>
<td>OHP Health Visitors</td>
<td>2008</td>
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<tr>
<td>11 Develop an oral health information package for health professionals to be kept for referral at health centres and children's centres</td>
<td>OHP</td>
<td>2008</td>
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<tr>
<td>12 Midwives to promote attendance at parentcraft classes, where oral health education will be provided by the oral health promotion team</td>
<td>Midwives OHP</td>
<td>Ongoing</td>
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<tr>
<td>13 Funding for oral educational resources for parentcraft classes</td>
<td>PCT</td>
<td>2007</td>
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<tr>
<td>14 Development of a dental health improvement programme (DPHI) for preschool settings</td>
<td>OHP PCT healthy eating lead PCT physical activity lead LEA representatives Children's centre reps</td>
<td>2007</td>
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<tr>
<td>15 Pilot workshops as part of the DPHI to provide education about oral health, healthy eating, physical health, and implementation of a healthy pre-school environment for nursery teachers. OHE will subsequently be disseminated to the children and parents/carers.</td>
<td>OHP PCT healthy eating lead PCT physical activity lead LEA reps Children's centre reps</td>
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<tr>
<td>Recommendation</td>
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<tr>
<td>16 Toothpaste and toothbrush packs will be provided for all 3 1/2 year olds attending nursery schools in pilot DPHI areas from January 2007, with a view to rolling out to all nurseries as the scheme develops.</td>
<td>OHP</td>
<td>2007</td>
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<tr>
<td>17 Train up ambassadors for oral health in children's centres.</td>
<td>OHP Children's centres reps</td>
<td>2007</td>
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<tr>
<td>18 Provide oral health input to the Barnsley infant feeding guidelines</td>
<td>OHP Dental Public Health (DPH) PCT Infant Feeding Coordinator</td>
<td>2006</td>
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<tr>
<td>19 Promote oral health alongside food and nutrition activities such as &quot;cook and eat sessions&quot;</td>
<td>OHP PCT Food and Nutrition lead</td>
<td>Ongoing</td>
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<tr>
<td>20 Support the introduction of Healthy Start, promotion of breast feeding, and expansion of the school fruit and vegetable scheme</td>
<td>OHP PCT Food and Nutrition lead PCT Infant Feeding Coordinator</td>
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<tr>
<td><strong>Category: School children</strong></td>
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<tr>
<td>21 Improve and update the resource boxes for schools</td>
<td>OHP</td>
<td>2008</td>
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<tr>
<td>22 Increase involvement with the healthy schools team to increase opportunities for oral health promotion within schools</td>
<td>OHP Healthy Schools team</td>
<td>2006</td>
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<tr>
<td>23 Reduce dental trauma in schools</td>
<td>OHP Healthy Schools team School governors and Parent-Teacher Associations</td>
<td>2008</td>
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<tr>
<td>24 Develop local guidelines for schools on first aid for dental injuries</td>
<td>OHP Specialist Dentistry Healthy Schools team School Governors</td>
<td>2008</td>
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<tr>
<td>25 Increase the number of schools in the fluoridated milk scheme, and monitor its effectiveness</td>
<td>OHP Healthy Schools team School Governors</td>
<td>2007</td>
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<tr>
<td>26 Provide input into healthy eating policies for schools</td>
<td>OHP Healthy Schools team School Governors</td>
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<tr>
<td>27 Support evidence-based practice regarding brushing in school breakfast clubs</td>
<td>OHP Healthy Schools team School Governors</td>
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<td><strong>Category: Adults</strong></td>
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<td>28  Encourage provision of dietary advice conducive to good oral health, and oral hygiene advice to be provided alongside the adult obesity service</td>
<td>OHP PCT obesity lead</td>
<td>2008</td>
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<tr>
<td>29  Provide OHP alongside ‘cook and eat’ sessions</td>
<td>OHP</td>
<td>2008</td>
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<tr>
<td>30  Raise awareness of smoking as a risk factor for oral cancer, and encourage regular dental screening</td>
<td>OHP DPH General Dental Practitioners</td>
<td>2006</td>
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<td>31  Involve dentists and dental care professionals in the Stop Smoking Service</td>
<td>OHP PCT Smoking Cessation lead DPH Dental Practice Advisor</td>
<td>2008</td>
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<td><strong>Category: Older People</strong></td>
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<td>32  Overcome barriers to accessing services to increase numbers receiving regular care</td>
<td>DPH PCT</td>
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<td>33  Commission a domiciliary service</td>
<td>DPH PCT General Dental Practitioners</td>
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<td>34  Assess oral health as part of the single assessment process</td>
<td>Health care professionals involved in the care of older people</td>
<td>2008</td>
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<tr>
<td>35  Devise a service to provide an oral health assessment and treatment pathway for those in care homes</td>
<td>DPH PCT Care home representatives General Dental Practitioners</td>
<td>2008</td>
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<tr>
<td>36  Promote inspections of care homes with regards to oral hygiene and access to dental care</td>
<td>DPH</td>
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<td>37  Develop a training programme for careers of older people</td>
<td>Community Dental Service</td>
<td>2008</td>
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<td>38  Encourage and train GMPs to undertake examination of the oral mucosa of tobacco users, heavy drinkers and older people to screen for oral cancer</td>
<td>DPH GMPs</td>
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<td>39  Encourage and train pharmacists to recognise oral health problems requiring referral</td>
<td>DPH PCT Pharmacy lead</td>
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<td>40  Liaise with dieticians and voluntary groups to improve the quality of meals provided by lunch/een clubs etc., and increase training of community staff in nutrition</td>
<td>OHP PCT Food and Nutrition lead</td>
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<td>Develop a home visiting service</td>
<td>Community Dental Services</td>
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<td>Carry out an oral health needs assessment to inform the best way to promote good oral health and access to dental services</td>
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<td><strong>Category: General population</strong></td>
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<td>Fluoridation of the water supply</td>
<td>DPH, PCT, SHA</td>
<td>2008</td>
</tr>
<tr>
<td><strong>Category: General Dental Services and Personal Dental Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop new services in those areas with above average DMFT, where treatment need is highest</td>
<td>DPH, PCT</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Consider including dental facilities in all new LIFT proposals</td>
<td>DPH, PCT</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Encourage practices to be involved in Vocational Training and support young dentists to remain at practices once training is completed</td>
<td>DPH, PCT, Dental Practice Advisor</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Increase usage of Dental Care Professionals</td>
<td>DPH, PCT</td>
<td>Ongoing</td>
</tr>
<tr>
<td><strong>Category: Emergency Dental Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop services to suit the needs of occasional attenders</td>
<td>DPH, PCT</td>
<td>Ongoing</td>
</tr>
<tr>
<td><strong>Category: Community Dental Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop a training programme for carers of older people</td>
<td>Community Dental Service</td>
<td>2008</td>
</tr>
<tr>
<td>Develop a domiciliary service</td>
<td>DPH, PCT, Community Dental Service, General Dental Practitioners</td>
<td>2007</td>
</tr>
<tr>
<td>Modernise the service as a specialist service</td>
<td>Community Dental Service</td>
<td>2008</td>
</tr>
<tr>
<td>Increase undergraduate and postgraduate outreach teaching, and ensure new clinic plans allow for development</td>
<td>Community Dental Service School of Clinical Dentistry, Sheffield</td>
<td>2008</td>
</tr>
<tr>
<td>Monitor referrals to the service</td>
<td>Community Dental Service</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Recommendation</td>
<td>Leads</td>
<td>Suggested target date</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td><strong>Category: Maxillofacial Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recruit a permanent Consultant Maxillofacial Surgeon and an additional staff grade</td>
<td>Consultant in Maxillofacial Surgery</td>
<td>2007</td>
</tr>
<tr>
<td>Reorganise the referral forms, and educate referrers.</td>
<td>Consultant in Maxillofacial Surgery</td>
<td>2007</td>
</tr>
<tr>
<td>Develop a referral protocol</td>
<td>Consultant in Maxillofacial Surgery</td>
<td>2007</td>
</tr>
<tr>
<td>Develop greater links with surgical dentists in Primary Care</td>
<td>Consultant in Maxillofacial Surgery</td>
<td>2008</td>
</tr>
<tr>
<td>General Dental Practitioners with a special interest in minor oral surgery could be commissioned to carry out some of the routine minor oral surgery work.</td>
<td>Consultant in Maxillofacial Surgery</td>
<td>2008</td>
</tr>
<tr>
<td>Monitor referral patterns</td>
<td>Consultant in Maxillofacial Surgery</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Monitor number of people attending with dental emergencies</td>
<td>Consultant in Maxillofacial Surgery</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Possible restructuring of the head and neck cancer services</td>
<td>Consultant in Maxillofacial Surgery</td>
<td>2009</td>
</tr>
<tr>
<td><strong>Category: Orthodontic Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Train dental practitioners to use IOTN or triage patients through a specialist in orthodontics to ensure appropriate referrals to hospital.</td>
<td>Consultant in Orthodontics</td>
<td>2007</td>
</tr>
<tr>
<td>Commission additional UOAs to make the specialist service viable</td>
<td>PCT</td>
<td>2006</td>
</tr>
<tr>
<td><strong>Category: General Dental Service development</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Include dental groups and committees in consultations with PCTs</td>
<td>PCT</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>DPH</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oral Health Advisory Group</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Local Dental Committee</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dental Clinical Liaison Group</td>
<td></td>
</tr>
</tbody>
</table>
What you need to know about changes to NHS dentistry in England
NHS dentistry is changing to provide better access to high-quality services and a new, simpler charging system.

Contents

Simpler charging 2
Better access to local services 5
Common questions 6
Checklist for patients 7
Useful contacts 8
From 1 April 2006, this will mean:

Simpler charging

There will be three standard charges for all National Health Service (NHS) dental treatment. This will make it easier to know how much you may need to pay.

The maximum charge for a complex course of treatment has been reduced from £384 to £189.

Most courses of treatment will cost £15.50 or £42.40.

Better access to local services

Access to NHS dentistry will be improved because:

• your primary care trust (PCT) will be responsible for NHS dentistry in your area, including urgent treatment and out-of-hours care
• every PCT has money that must be used for local dental services
• if you have good oral health, you may need to see your dentist less frequently than before.

This leaflet contains information about what these changes will mean for you and answers common questions about NHS dentistry.

You will still receive:

• the same standard of treatment and care from your dentist
• free NHS dental treatment (for those who meet the exemption criteria).
Simpler charging

If you normally pay for NHS dental treatment, there will be three standard charges.

The amount you pay will depend on the treatment you need to keep your teeth and gums healthy.

You will pay one of the three charges below:

£15.50
This charge will include an examination, diagnosis and preventive care. If necessary, this will include X-rays, scale and polish, and planning for further treatment.
Urgent and out-of-hours care will also cost £15.50.

OR

£42.40
This charge includes all necessary treatment covered by the £15.50 charge PLUS additional treatment such as fillings, root canal treatment or extractions.

OR

£189.00
This charge includes all necessary treatment covered by the £15.50 and £42.40 charges PLUS more complex procedures such as crowns, dentures or bridges.
You will pay one charge even if you need to visit more than once to complete a course of treatment.

If you need more treatment at the same charge level (e.g. an additional filling) within two months of seeing your dentist, this will be free of charge.

<table>
<thead>
<tr>
<th>Example courses of treatment</th>
<th>Total cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination, diagnosis and preventive advice</td>
<td>£15.50</td>
</tr>
<tr>
<td>Examination, diagnosis and preventive advice and one or more fillings</td>
<td>£42.40</td>
</tr>
<tr>
<td>Examination, diagnosis and preventive advice, one or more fillings and one or more crowns</td>
<td>£189.00</td>
</tr>
</tbody>
</table>

Note: you should ask your dentist how much your individual treatment plan will cost. The dental practice may ask you to pay before beginning your treatment.

There will be no charge for writing a prescription* or for removing stitches.

Dentures

Repairs to dentures will remain free of charge.

Referrals to another dentist

If you are referred to another dentist for part of your course of treatment, you will still pay one charge (to the dentist who refers you).

If you need a new course of treatment involving sedation, orthodontics or a home visit (specialised services), you will pay one charge to the dentist who provides the specialised service. Your dentist should not charge you for a referral to sedation, orthodontic or home visit services, but may need to charge you for any treatment provided before you were referred.**

*Usual charges apply when getting the prescription dispensed.

** Ask your dentist or PCT for information on how to access NHS sedation, orthodontic and home visit services in your area. Remember that children under 18 do not have to pay for NHS dental treatment, including orthodontics.
I am currently exempt from paying for NHS dental services. Will I have to pay now?

You will continue to receive free services from your NHS dentist if:

- when the treatment starts you are:
  - aged under 18
  - aged 18 and in full-time education
  - pregnant, or have had a baby, in the 12 months before treatment starts
  - an NHS inpatient and the treatment is carried out by the hospital dentist
  - an NHS Hospital Dental Service outpatient*

- when the treatment starts or when the charge is made:
  - you are getting, or your partner gets Income Support, income-based Jobseeker’s Allowance or Pension Credit Guarantee Credit
  - you are entitled to, or named on, a valid NHS tax credit exemption certificate
  - you are named on a valid HC2 certificate.

Your dentist will ask for evidence that you are entitled to free NHS dental treatment.

If you are named on a valid HC3 certificate, you may be eligible for partial help with dental costs.

Use form HC1 to claim for full (HC2) or partial (HC3) help with NHS dental costs. HC1 forms are available from your Jobcentre Plus office or by calling 0845 850 1166 or 08701 555 455.

* There may be a charge for dentures and bridges.
Better access to local services

In the past, the NHS has had very little influence over where dental services are located or how much service is available. From 1 April 2006, your PCT is responsible for NHS dentistry in your area and will:

- have money that must be used for local dental services
- agree contracts with NHS dentists for services that best meet local needs
- be able to influence where new practices are established.

If a dentist moves, closes a practice or reduces the amount of NHS dentistry he or she provides, the money to provide this service will remain with your PCT for reinvestment in NHS dentistry for the local community.

Over time, this will help PCTs ensure that NHS dental services better meet the needs of people in your area.

To find out how you can help shape dental services, contact your local Patient and Public Involvement Forum (see page 9).

In addition, the National Institute for Health and Clinical Excellence (NICE)* has introduced guidelines on how often patients need to go to the dentist. Your dentist will recommend a date for your next visit based on your individual oral health needs. This means:

- people with higher treatment needs may need to attend more often than before
- people with good oral health may only need to attend once every 12 to 24 months.

If these changes mean that (on average) patients need to attend less frequently than before, this will free up time for dentists to see more patients.

*NICE is the independent organisation responsible for providing healthcare guidelines in England and Wales.
### Common questions

<table>
<thead>
<tr>
<th>What treatments will be available from NHS dentists?</th>
</tr>
</thead>
<tbody>
<tr>
<td>All clinically necessary care and treatments including dentures will be available on the NHS.</td>
</tr>
<tr>
<td>If you want, or your dentist suggests, treatment that is purely cosmetic (for example, tooth whitening, large white fillings or white crowns on back teeth), you can decide to have this treatment done privately. You should ask your dentist how much this will cost in addition to charges for NHS treatment.</td>
</tr>
<tr>
<td>As now, you can agree with your dentist to have some of your treatment provided privately.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How do I find a dentist?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact your local PCT or NHS Direct to find a dentist. You can always get urgent NHS dental care, even if you don’t have a regular dentist (see page 8 for details).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Will my dentist still provide some private care or children-only services?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your dentist may still provide a mixture of NHS and private care. The NHS services your dentist provides will depend on local needs and the contract they agree with your PCT.</td>
</tr>
<tr>
<td>This may mean that some dentists continue to provide children-only NHS services. However, a dentist may not accept children as NHS patients on condition that their parent(s) or guardian agree to sign up for private treatment.</td>
</tr>
</tbody>
</table>
Checklist for patients

Your dentist should:
- undertake a thorough examination of your mouth, teeth and gums
- explain your treatment options and let you know what can be provided on the NHS or privately
- make sure you know how much your NHS and/or private treatment will cost
- provide you with a written treatment plan (including costs) if you are receiving a mix of NHS and private care
- display a poster about NHS charges in the waiting room
- discuss with you how often you need to attend – if you have good oral health it’s unlikely you will need a check up every six months
- provide a leaflet with information about the practice and the services available.

From 1 April 2006, your dentist will NOT:
- charge you for missed appointments – but if you continue to miss appointments they may decide not to offer you treatment
- accept children as NHS patients on condition that their parent, parents or guardian agree to sign up for private treatment.

You should:
- give your dentist as much notice as possible if you have to cancel or change an appointment
- request a written treatment plan (including costs) if you would like one
- ask for information on your treatment options and how much it will cost
- ask about your oral health and how often you NEED to go to the dentist
- follow your dentist’s advice to prevent tooth decay and gum disease
- pay your bill promptly.
Useful contacts

To find a dentist
Contact your PCT – visit www.nhs.uk for contact details or check your local phone book.

Or, contact NHS Direct (go to NHS Direct Interactive on digital satellite TV, visit www.nhsdirect.nhs.uk or phone 0845 4647†*).

Out-of-hours and urgent treatment
Contact your PCT or NHS Direct for information on out-of-hours and urgent treatment in your area.

Making a complaint
You should send a written letter to the person responsible for complaints at your dentist’s practice.

You can gain support with making a complaint from:

NHS dental services – the complaints manager or Patient Advice and Liaison Service (PAiS) at your PCT, your local Independent Complaints Advocacy Service (ICAS), Citizens Advice or visit www.dh.gov.uk.

Private dental services – from May 2006, you can contact the Dental Complaints Service on 08456 120 540 or visit www.dentalcomplaints.org.uk.

Professional standards for dentists
The General Dental Council sets standards of conduct and regulates all dental professionals in the UK. Phone 020 7887 3800 or visit www.gdc-uk.org.

†*Calls cost a minimum of 4 pence per minute from a BT landline. The cost of calls from mobiles and other networks may vary. Your service provider may charge a minimum cost per call. For patients’ safety, all calls to NHS Direct are recorded.
Getting involved
Contact your local Patient and Public Involvement Forum to find out how you can help shape NHS dental services. Contact details are available from your PCT or the Commission for Patient and Public Involvement in Health on 0845 120 7111, or visit www.cpii.org.

Information and advice
British Dental Health Foundation – dental helpline 0845 063 1188 or www.dentalhealth.org.uk.

Your local Patient Advice and Liaison Service or visit www.pals.nhs.uk.

Your local Citizens Advice Bureau or visit www.citizensadvice.org.uk.

Which? (formerly the Consumers’ Association) on 0845 307 4000, or visit www.which.co.uk.

NHS Fraud Reporting Line on 0800 028 4060.
Appendix E

Questionnaire Investigating Dental Services in Barnsley

Results

Questionnaires have been distributed to the following places:

- Barnsley Hospitals NHS Foundation Trust - 200 copies
- Lift Buildings - 100 copies each
- Barnsley Connects Offices – 50 copies each
- Doctors Surgeries – 50 copies each
- Pharmacies - 25 copies each
- Libraries – 50 copies each
- Area Forum mail outs - approximately 300 copies in total
- Area forums - 100 copies in total

➤ 776 completed questionnaires have been returned.

Results

- 11% of respondents stated they live in Barnsley town centre.
  86% visit a dentist, 80% of these visit an NHS dentist. However, 11% (17%) of those who visit a dentist do not visit an NHS dentist.
- 664 of respondents do not visit a dentist. 75% of these stated not being able to find an NHS dentist taking on new patients as a reason why they do not go. The expense of visiting a dentist was noted by 31% (28%) of those who do not visit a dentist as a reason for not going.
- 243 respondents have visited a dentist in the last 2 months, 40% visited a dentist 3–6 months ago, 12% last visited 9–12 months ago, 6% over 1 year ago, 11% over 2 years ago and 3 respondents have never been to a dentist.
- 586 respondents (76%) are aware of the recent changes to the NHS dental service, 148 stated they were not aware of the changes and 33 did not know.
Some interesting answers to Question 7

Are you aware of the recent changes to NHS dental services?
If YES, has it affected you?

<table>
<thead>
<tr>
<th>Questionnaire No.</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>61</td>
<td>My dentist was NHS but due to changes it has gone private and I cannot find another NHS dentist so had to remain and pay privately for treatment which is more expensive.</td>
</tr>
<tr>
<td>76</td>
<td>I am a dentist! [Non] Stop enquiries from patients who cannot access a dentist. The new contract is solely target based. This is poor for patients. The government has switched problems onto the PCT without giving them choices.</td>
</tr>
<tr>
<td>90</td>
<td>The dentist we were on the waiting list for has gone private. As my husband is disabled and I am primary carer, We’d like to go to the dentist but have never got to the top of the waiting list in 2 years. Had to visit the dental hospital in Sheffield.</td>
</tr>
<tr>
<td>191</td>
<td>My dentist was NHS until recently but is now a private. I have had a toothache in the last couple of weeks and am dreading my appointment on 13th November because I’m expecting treatment to be expensive. I have very low income and this is a big worry.</td>
</tr>
<tr>
<td>221</td>
<td>Only accepting 12 month appointment and not twice yearly like it used to be. My son can still go twice yearly.</td>
</tr>
<tr>
<td>315</td>
<td>I consider myself very fortunate to have an excellent dentist who is prepared to operate within NHS. Encouraged to increase interval between check ups - no problem with this. I know my dentist is concerned about the changes in the service.</td>
</tr>
<tr>
<td>485</td>
<td>Cost of visiting dentists has increased massvively. My dentist only does NHS now for one hour a day and for children only. During this hour I am at work so how am I supposed to take my children to the dentist???? Before I could take the children after work but now this is not possible. For my husband and I we now have no access to NHS dentistry which is appalling - a return to the Victoria era!</td>
</tr>
</tbody>
</table>
Also if I have further children I will not be able to access NHS treatment which I am entitled to without changing dentists. I will then be charged a fee for returning to my family dentist. All this assuming I can find a dentist to treat me during pregnancy anyway!!! Very frustrating situation upsetting.

507 I am just 18 and now pay for treatment. The new changes make it easier to understand and seem fairer why to pay.

631 I used to go every 6 months. I always paid for my treatment and when I thought they had forgot my check up I rang up to find out about it I was told I had been thrown of the books. (No reason given - disgusting.) I had been with the practice several years with no trouble.

Common responses include:

- Can't find an NHS dentist
- NHS dentist turned private
- Increased cost/ too expensive
- Had to move to a dentist out of the area in order to get NHS treatment
- Thrown off the books for missing an appointment
- Expensive orthodontic treatment
- A significant number (over 150 - approx 13%) – stated that the recent changes to the dental services had not affected them.
Various geographical areas

Overall results

The results of the questionnaire are as follows:

- 664 respondents (86%) visit a dentist.
- 80% of respondents who go to the dentist visit an NHS dentist.
- 115 (17%) of respondents who visit a dentist do not visit an NHS dentist.
- 110 respondents (14%) do not visit a dentist at all.
  - When asked for reasons why they do not go to the dentist...
    - 75% of respondents noted 'can not find an NHS dentist taking on new patients.'
    - 28% said it is too expensive.
    - 5% said they had problems booking an appointment.
    - 4% noted transport difficulties.
- 243 respondents (31%) had visited a dentist in the last 2 months. 40% visited a dentist 3 - 8 months ago, 12% last visited 9 - 12 months ago, 6% over 1 year ago, 11% over 2 years ago and 3 respondents had never been to a dentist.

- 586 respondents (76%) were aware of the recent changes to the NHS dental service. 148 stated they were not aware of the changes and 33 did not know.
  - Of the respondents who were aware of the changes, 68% said they had been affected by them.
  - Concerns were around being unable to locate an NHS dentist; local NHS practices changing to private; increased expense of both private and NHS treatment and difficulty with transport to non-local dental practices. It can be seen that these reasons are almost identical to the reasons given by respondents who currently do not visit the dentist at all.

Results by ward

The results of the dental questionnaire have also been analysed according to various geographical areas.

The results have been analysed in terms of ward groups where possible. However, due to differing numbers of questionnaires received from people living in different areas it was not possible to provide data for all of the wards individually. If the number of questionnaires returned from an area is too low it means the data from that area is not reliable.
Central ward

94% (80 people) of respondents from the Central ward visit a dentist and 69 of these (86%) visit an NHS dentist.

Out of the 6% (5 people) of respondents from the Central ward who do not visit a dentist, all of them stated not being able to find an NHS dentist taking on new patients as a reason why.

79% of respondents from the Central ward had been to the dentist within the last 8 months, with 40% having been within the past 2 months.

82% of respondents from the Central ward were aware of the recent changes to the NHS dental services.

Darton West ward

84% of respondents (54 people) from the Darton West ward visit a dentist and 63% of these visit an NHS dentist.

Of the 16% (10 people) of respondents from the Darton West ward who do not visit a dentist, 90% stated not being able to find an NHS dentists taking on new patients as a reason why and 20% noted ‘too expensive’.

81% of respondents (52 people) from the Darton West ward had visited a dentist in the last 8 months, and 83% were aware of the recent changes to the NHS dental contract.

Darton East ward

88% (45 people) of respondents from the Darton East ward visit the dentist, 60% of these visit an NHS dentist and 40% do not.

6 people (12%) of respondents from the Darton East ward declared they do not visit a dentist – 5 of whom noted not being able to find an NHS dentist taking on new patients as a reason, 3 noted ‘too expensive’ and 2 noted ‘other reason’.

33% of respondents from the Darton East ward had visited a dentist in the last 2 months and a further 43% stated they had last visited a dentist 3 - 8 months ago.
When asked if there were aware of the recent changes to the NHS dental services 90% of respondents from the Darlon East ward said ‘yes’.

Deane wards
(North and South – these wards have been joined together due to insufficient data to make them valid in their own right)

70% of respondents (45 people) from the Deane wards visit a dentist and 73% of whom visit an NHS dentist.

Out of the 30% of respondents (19 people) who stated they do not go to the dentist, the following reasons were given, ‘can not find an NHS dentist taking on new patients’ – 74%, ‘too expensive’ – 10%, ‘other reason’ – 16%.

When respondents from the Deane wards were asked when they last visited the dentist, 22% (14 people) said they had visited in the last 2 months, 42% said they had last visited 3–8 months ago, 3% 9–12 months ago, 11% had last been over 1 year ago and 22% had last been to the dentist over 2 years ago.

50% of respondents from the Deane Wards stated they were aware of the recent changes to NHS dental services, 44% were not aware and 6% did not know.

Monk Bretton ward

86% (24 people) of respondents from the Monk Bretton ward visit a dentist and 67% of these visit an NHS dentist, 25% do not visit and NHS dentist and 8% don’t know.

Out of the 14% (4 people) of respondents who do not go to the dentist from the Monk Bretton ward, 75% (3 people) said a reason why was that they could not find an NHS dentist taking on new patients and 50% notes ‘too expensive’.

68% of respondents from the Monk Bretton ward had visited a dentist in the last 8 months, 18% had last visited 9–12 months ago, 11% over a year ago and 4% over 2 years ago.

79% of respondents from the Monk Bretton ward stated they were aware of the recent changes to NHS dental services, 14% were not aware and 7% did not know.

Royston ward
81% of respondents (22 people) from the Royston ward visit a dentist and 82% of these visit an NHS dentist. Of the 19% (5 people) who do not visit a dentist, 60% stated not being able to find an NHS dentist is taking on new patients as a reason why and 40% noted ‘too expensive’.

33% of respondents from the Royston ward had visited a dentist in the last 2 months and a further 30% stated they had last visited a dentist 3 - 8 months ago, 19% had last visited a dentist 9 - 12 months ago, 4% over 1 year ago and 19% over 2 years ago.

63% of respondents (17 people) from the Royston ward stated they were aware of the recent changes to NHS dental service, 26% were not aware and 11% did not know.

**North East Ward**

90% of respondents (27 people) from the North East ward visit a dentist, 73% of who visit and NHS dentist. Of the 10% of respondents who do not visit a dentist, 67% note this is because it is too expensive and 67% note this is because they cannot find an NHS dentist taking on new patients.

When respondents from the North East ward were asked when they last visited the dentist, 30% (9 people) said they had visited in the last 2 months, 43% said they had last visited 3 - 8 months ago, 17% 9 - 12 months ago, 3% had last been over 1 year ago and 7% had last been to the dentist over 2 years ago.

77% of respondents (23 people) from the North East ward stated they were aware of the recent changes to NHS dental service, 20% were not aware and 3% did not know.

**Darfield ward**

86% (18 people) of respondents from the Darfield ward visit a dentist and 16 of these (89%) visit an NHS dentist.

Out of the 14% (3 people) of respondents from the Darfield ward who do not visit a dentist, 67% stated not being able to find an NHS dentist taking on new patients as a reason why and 33% said ‘too expensive’ was a reason why.
75% of respondents from the Darfield ward had been to the dentist within the last 8 months, with 35% having been within the past 2 months.

57% of respondents from the Darfield ward were aware of the recent changes to the NHS dental services, 33% were not aware and 10% did not know.

Cudworth ward

74% of respondents (39 people) from the Cudworth ward visit a dentist and 76% of these visit an NHS dentist.

Of the 26% (14 people) of respondents from the Cudworth ward who do not visit a dentist, 71% stated not being able to find an NHS dentist taking on new patients as a reason why and 36% noted 'too expensive'.

64% of respondents (52 people) from the Cudworth ward had visited a dentist in the last 8 months, 17% had last visited over 2 years ago and 5% had never been to the dentist.

83% of respondents from the Cudworth ward were aware of the recent changes to the NHS dental contract.

Worsborough ward

89% (48 people) of respondents from the Worsborough ward visit the dentist, 81% of these visit an NHS dentist, 17% do not and 2% don't know.

6 people (11%) from the Worsborough ward declared they do not visit a dentist – 4 of whom noted not being able to find an NHS dentist taking on new patients as a reason, and 2 noted 'other reason'.

33% of respondents from the Worsborough ward had visited a dentist in the last 2 months and a further 44% stated they had last visited a dentist 3 - 8 months ago.

When asked if there were aware of the recent changes to the NHS dental services 72% of respondents from the Worsborough ward said 'yes', 24% said 'no' and 4 said 'don't know'.
List of Dentists in Barnsley PCT currently accepting new NHS patients

The following dentists have agreed with Barnsley PCT to provide NHS dental services and have indicated that they are currently accepting new NHS patients:

1. Aisold, J A
   Lynton House, 317 Doncaster Road, Stairfoot, Barnsley, S70 3PW
   Tel: 01226 203804

   This Dental Practice is
   - Currently Accepting New Fee Paying NHS Patients
   - Accepting New Charge Exempt Adults for NHS treatment
   - Accepting New Children aged 0-18 years for NHS treatment
   - Have approx a 4 week waiting list for new patients. Urgent Sessions will be held on Monday and Wednesday afternoons from 4 Sept 06.

2. Bangsby, E A
   Kings Specialist Dental Practice, Midland Bank Chambers, 3 Market Hill Barnsley, South Yorkshire, Barnsley, S70 2PU
   Tel: 01226 200025

   This Dental Practice is
   - Currently Accepting New Fee Paying NHS Patients
   - Accepting New Charge Exempt Adults for NHS treatment
   - Accepting New Children aged 0-18 years for NHS treatment
   - Currently accepting new NHS patients - please ring practice to find out availability as they do not make appointments for patients weeks in advance.

3. Bird, R K F & Associates
   93 Houghton Road, Thursoe, Rotherham, South Yorkshire, S63 0JX
   Tel: 01709 892909

   This Dental Practice is
   - Currently Accepting New Fee Paying NHS Patients
   - Accepting New Charge Exempt Adults for NHS treatment
   - Accepting New Children aged 0-18 years for NHS treatment
   - Provides Urgent Dental Access Slots
   - Have approx a one month waiting list for first appt.
4  Calo, A J R Associates
55 Racecommon Road, Barnsley, South Yorkshire, S70 6AB
Tel: 01226 203531
This Dental Practice is
- Currently Accepting New Fee Paying NHS Patients
- Accepting New Charge Exempt Adults for NHS treatment
- Accepting New Children aged 0-18 years for NHS treatment
- Only Mr Kaiserimam is currently accepting new NHS patients.

5  Garden Street Dental Practice
4 Garden Street, Darfield, Barnsley, South Yorkshire, Barnsley, S73 9AA
Tel: 01226 756764
This Dental Practice is
- Currently Accepting New Fee Paying NHS Patients
- Accepting New Charge Exempt Adults for NHS treatment
- Accepting New Children aged 0-18 years for NHS treatment
- Currently accepting new NHS patients from Darfield, Wombwell and Great Houghton areas only - have approx waiting list of 3 months.

6  Hoyland Dental Surgery
49 Market Street, Hoyland, Barnsley, S74 0ET
Tel: 01226 748404
This Dental Practice is
- Currently Accepting New Fee Paying NHS Patients
- Accepting New Charge Exempt Adults for NHS treatment
- Accepting New Children aged 0-18 years for NHS treatment
- Approx 2 month waiting list for first appt.

7  Jafari, A
Bolton Dental Practice, St Andrews Square, Bolton On Dee, Rotherham, Rotherham, S63 8BA
Tel: 01709 888377
This Dental Practice is
- Currently Accepting New Fee Paying NHS Patients
- Accepting New Charge Exempt Adults for NHS treatment
- Accepting New Children aged 0-18 years for NHS treatment
- Patients must attend practice in person to give their details
8 Mehta, R & Z A Sumar
Marsh House Dental Care, George Street, Wombwell, Barnsley, Barnsley, S73 0DD
Tel: 01226 753116

This Dental Practice is

- Currently Accepting New Fee Paying NHS Patients
- Accepting New Charge Exempt Adults for NHS treatment
- Accepting New Children aged 0-18 years for NHS treatment

- Have approx a 2 week waiting list for first available appt.

9 New, D M
36 High Street, Grimethorpe, Barnsley, South Yorkshire, S72 7LP
Tel: 01226 713451

This Dental Practice is

- Currently Accepting New Fee Paying NHS Patients
- Accepting New Charge Exempt Adults for NHS treatment
- Accepting New Children aged 0-18 years for NHS treatment

- Currently accepting new patients from Grimethorpe, Brierley and Shafton area only. Have approx a 2 month waiting list for first appt.

10 Nicholson, R S & Associates
1 Laithe Lane, Athersley, Barnsley, S71 3AA
Tel: 01226 295535

This Dental Practice is

- Currently Accepting New Fee Paying NHS Patients
- Accepting New Charge Exempt Adults for NHS treatment
- Accepting New Children aged 0-18 years for NHS treatment

- Only taking on new patients from immediate area only.

11 Peers, A J
18 Pitt Street, Barnsley, South Yorkshire, S70 1AW
Tel: 01226 284153

This Dental Practice is

- Currently Accepting New Fee Paying NHS Patients
- Accepting New Charge Exempt Adults for NHS treatment
- Accepting New Children aged 0-18 years for NHS treatment

- Have approx a 4 week waiting list for first available appt.
12 Petrie Tucker & Partners Ltd
T/A The Barnsley Dental Health Centre, 7 Peel Street Arcade, Barnsley, South Yorkshire, S70 2RS
Tel: 01226 320800

This Dental Practice is

- Currently Accepting New Fee Paying NHS Patients
- Accepting New Charge Exempt Adults for NHS treatment
- Accepting New Children aged 0-18 years for NHS treatment
- Currently have approx a 4 week waiting list for first appt.

13 Purcell, R R & Associates
157 Midland Road, Royston, Barnsley, S71 4BY
Tel: 01226 722591

This Dental Practice is

- Currently Accepting New Fee Paying NHS Patients
- Accepting New Charge Exempt Adults for NHS treatment
- Accepting New Children aged 0-18 years for NHS treatment
- Taking on patients from Royston ONLY.
Appendix G

Distribution of Decayed, Missing and Filled Teeth in Barnsley Electoral Wards in 5 Year Old Children 2005

Barnsley Dental Practices