Subject: Report on NHS Dental Care

Report Number: 5

Report to: Health and Public Services Committee

Date: 28 November 2007

Report of: Executive Director of Secretariat

1. Recommendation

1.1 That the Committee formally agrees the attached report, ‘Teething problems – a review of NHS dental care in London’.

2. Background

2.1 At its meeting on 6 February 2007, the Committee agreed to conduct an investigation into!The impact of the 2006 NHS dental reforms.

2.2 The terms of reference for this investigation were to investigate access to NHS dental services in London, focusing on the following questions:

- Why has uptake of NHS dental care been lower in London than elsewhere?
- Are there any groups of Londoners facing particular barriers to accessing NHS dental care? How can these barriers be overcome?
- What impact has the 2006 NHS contract had on access to, and uptake of dental services?
- How effectively are primary care trusts fulfilling their role in ensuring services meet the needs of the local population, and reducing oral health inequalities? What are PCTs doing to inform people about local services?

3. Issues for Consideration

3.1 A draft copy of the report is attached at Appendix A for the Committee’s consideration and agreement. The report has been attached for Members only. It is available at: http://www.london.gov.uk/assembly/health_ps/index.jsp

3.2 The terms of reference for this project were approved by the Committee at its meeting on 6 February 2007. Officers confirm that the report and its recommendations fall within these terms of reference. The report makes the following recommendations:

- NHS London should revise the Healthcare for London Framework to include proposals to improve access to dental care, through for example, the increased availability of home-based and outreach dental services, and by assessing whether proposals for new polyclinics, when developed, could include NHS dental surgeries in areas where access is limited.

- A London PCT dental network should be set up to enable PCTs to share and discuss good practice in commissioning services that better meet local needs. Representatives of Tower
Hamlets PCT should be invited to the first network meeting to outline how their mobile outreach dental surgery model has improved access to and uptake of NHS dental care.

- PCTs need to publicise local NHS dental services, NHS patient charges and low-income scheme, and ensure relevant information is accessible to different local communities. PCTs should consider (jointly or individually) setting up local helplines to assist people in finding an NHS dentist.

- PCTs need to ensure that all NHS dental practices display information about the costs of treatment and who is exempt from charges, and that all NHS practices keep copies of HC1 forms and promote the NHS low-income scheme to patients who may be eligible.

- The Department of Health needs to revise the dental charge banding structure to ensure that it is equitable and encourages regular attendance. The Department should consider adding extra charging bands between bands one and two, and between bands two and three.

- After April 2009, the Department of Health should base PCTs’ dental funding allocations on local needs assessments, rather than historical provision.

- The Department of Health should consider how it could revise the current NHS dental contract so that preventive care is explicitly built into the way PCTs manage and monitor dental contracts and should consider whether dentists should be separately financially rewarded for providing preventive advice.

- The Department of Health should ensure that performance ratings from dentists’ balanced scorecards are made available to the public to help them choose a good quality dentist.

4. Strategy Implications

4.1 This report is relevant to the Mayor’s Health Inequalities Strategy, currently under development.

5. Financial Implications

5.1 There are no direct financial implications to the GLA arising from this report.

6. Legal Implications

6.1 Under s59 of the Greater London Authority Acts 1999 and 2007 (“the GLA Acts”) the Assembly has the power to keep under review the exercise by the Mayor of his statutory functions. The powers of the Assembly include the power to investigate and prepare reports about:

- any actions and decisions of the Mayor;
- any actions and decisions of any member of staff of the Authority;
- matters relating to the principal purposes of the Authority;
- matters in relation to which statutory functions are exercisable by the Mayor, and
- any other matters which the Assembly considers to be of importance to Greater London.

6.2 Section 54 of the GLA Acts provides that a committee of the Assembly may arrange for its functions to be discharged by a sub-committee or a single Member of the Assembly. The delegation to a member as rapporteur requires him/her to present his/her findings to the parent committee for approval.
6.3 Under S.30 of the GLA Acts, the Mayor in undertaking his statutory role must have regard to the health of Londoners and to the promotion of improvements in the health of Londoners. In determining how or whether to use its power to further its principal purposes, the Authority must have regard to the effect use of the power would have on the health of greater Londoners and must do so in such a way it considers will promote improvements in the health of person in greater London.

6.4 Under S.60 of the GLA Acts the Assembly may decide to submit a proposal to the Mayor (note this may not be delegated).

Background Papers: None
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