



20 March 2009

Professor Jimmy Steele (Dentistry Review)
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Dear Professor Steele

Public access to NHS Dentistry

As you are chairing the Government's Independent Review of NHS Dentistry Provision we wanted to write with our suggested recommendations for how this area of vital public services could be enhanced in those localities where public access remains threadbare.

Our aim at the New Local Government Network is to promote the modernisation of local public services and greater empowerment for the citizen and consumer. Our forthcoming report "People Power – How Can We Personalise Public Services?" looks at a number of areas of public policy where we hope that greater convenience, choice and tailored provision can be delivered locally. Of course, if the very basic level of service access is sub-standard, then aspirations for a choice between providers within a public service framework is not possible, which is why we have made comments on the nature of local NHS dentistry as an example where improvements must be delivered urgently.

In our view the approach taken over recent decades, where voluntary contracting between private dental practices and the NHS has not ensured universal coverage in all communities, must come to an end. There is clearly a problem with a lack of basic NHS capacity on dentistry, despite valiant attempts by the Government at a national level injecting an additional 8.5% of resources this year following the extra 11% increase granted in 2008/9. When the typical dentist has received the benefit of around £175,000 of taxpayer investment in their training and development, we feel that there should be a greater obligation on those individuals to give more back to the community and dedicate a greater proportion of their time to NHS work. This should go beyond the current obligations for twelve months within the NHS context.

In order to deliver greater choice and convenience for local residents we believe that the General Dental Service contract needs to have a stronger obligation particularly on new entrants into the profession, so that waiting lists for NHS access can be removed in all areas and so that the service user at last receive new rights to access for treatment. As you will know, the Citizens

Advice Bureau estimated that up to 7.4 million people may not have adequate access to NHS dental services – leaving many with no choice but to use the private sector, and causing some to put off treatment altogether.

This is a problem not only in respect of the profession generally, but also a management failure in the commissioning process. We are pleased that Ministers have in recent years allowed Primary Care Trusts the power to commission local dentistry provision. Unfortunately the funding formula allocating resources for this commissioning remains on a historic basis, rather than on a local needs basis. This must be addressed if the ‘deserts’ of provision are to catch up with those parts of the country which do have adequate service levels.

We also believe that PCTs should be encouraged to be far more innovative in the nature of their service commissioning. For example, we would like to see a broader array of dental services so that particular hotspots can be targeted more intensively, perhaps with mobile dentist working or peripatetic dentistry. Opening hours should be considered so that, in time, the service can revolve more around the convenience of the patient than the profession. And we would also like to see an extension of the ‘walk-in dentist’ service which has proved popular in some areas. Furthermore, we believe the time has come for PCTs to pool resources and commission training facilities or even direct dental practices under the auspices of the NHS itself, hiring their own series of dentists rather than always ‘outsourcing’ these contracts. A diverse market of provision should be the ultimate goal.

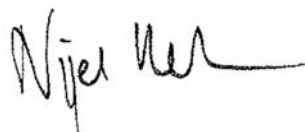
We appreciate that there are some exemplary NHS dental facilities in many communities across the country and that the debate about improving contracts within the GDS has continued for some time. However, the rate of improvement remains too slow and a more fundamental rethink is needed. Remuneration for the dental profession is very good – averaging around £100,000 per annum according to recent surveys – and so we do not believe that a rebalancing towards a public service obligation would result in an unattractive career for new entrants.

As an organisation concerned with improving access and choice across the full array of local public services, we hope that you will agree that the time has come to consider more fundamental options for raising access to NHS dentistry for all.

Yours sincerely



Chris Leslie
Director



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