

Personal and Health Services Scrutiny Panel



Dental Provision in Tameside April 2005

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Dental Provision In Tameside

Report By The Personal And Health Services Scrutiny Panel

1. Introduction By The Chair

This is the first scrutiny report in Tameside produced under the Health and Social Care Act 2001 that exclusively considers a service that is the responsibility of the Primary Care Trust.

The provision of dental services in the community is a key national issue and this report details the current situation in Tameside and addresses issues relating to the introduction of the new dental contract. Dental care is very important and it is crucial that the new dental contract currently being piloted and scheduled to come into full operation in April 2006 has the full confidence of dentists, primary care trusts and patients.



This report is supported by extensive local consultation with dentists in Tameside and patients through the Citizens' Panel. The Scrutiny Panel has also met with the Chief Executive and staff responsible for dental care and contractual provision from the Tameside and Glossop Primary Care Trust. Visits have also been made with direct discussions with dentists in the area and an officer and I visited Surestart Hattersley to find out about efforts being made to improve children's dental health.

I would like to acknowledge the help and co-operation of the PCT, dentists and other people in the compilation of the report together with the dedicated work of members of this Scrutiny Panel and the support of the two members of the Scrutiny Support Unit for their hard work and support.

This report will be widely circulated to the Department of Health, Primary Care Trust, MPs and other local agencies and I hope that it will be used to influence dental provision and the dental health of the borough.

A handwritten signature in black ink, which appears to read "John S Bell". The signature is written in a cursive style and is underlined with a single horizontal line.

Councillor John S Bell
Chair

2. Summary

- 2.1 This first objective of this report is an attempt to identify the past, present and future provision of National Health Service dental health services in Tameside. This provision is outlined in Section 6, of the report which outlines the General Dental Service, the Community Dental Service, Secondary Care Dental Services and Emergency Dental Services. The Government's attempts to reform NHS dental services are outlined in the New Base Contract and the changes are summarised on page 8 of the report.
- 2.2 The concerns of the National Audit Office and the British Dental Association about the new contract are also outlined in this section.
- 2.3 The report also assesses the access and availability of local NHS dental services, outlining the situation as at 21st March 2005. This was undertaken following consultations with dentists in Tameside by questionnaire and personal visit. Access and availability are also compared with other Primary Care Trust areas in Greater Manchester.
- 2.4 Consultation with members of the public through the Citizens Panel and local press, has given an indication of patients' experiences of NHS dental services in Tameside and these proved to be generally favourable.
- 2.5 The report also looks at policies for oral health promotion in the Borough and the Scrutiny Panel met with officers from the Tameside and Glossop PCT to discuss the purposes of such policies and their effectiveness.
- 2.6 The Scrutiny Panel acknowledges the co-operation and assistance given by the PCT, Patient Advice Liaison Service and dentists in Tameside.

3. Membership Of The Scrutiny Panel

Councillors John Bell (Chair), M J Smith (Deputy Chair), Brierley, Doubleday, Joe Fitzpatrick, A J Gwynne, Sweeton and Warrington.

Advisory Group: Dr Chand and Mr Walker
Mr B Heald – Acute Services Trust Patient and Public
Involvement Forum
Mr D Jenkins – Primary Care Trust Public Participation
Involvement Forum

4. Terms Of Reference

The following Terms of Reference and objectives for the Review were approved by the Panel at its meeting held on 4th August 2004:-

Terms of Reference

Aim of the Scrutiny Review Exercise

“To review access and availability of local NHS dental services, and to evaluate the effectiveness of dental health promotion schemes in Tameside”

Objectives

1. To develop an understanding of past, present and future provision of NHS dental services in Tameside.
2. To produce accurate information on current access and availability of local NHS dentists and identify gaps in service provision.
3. To compare access and availability of NHS dental services in Tameside with those of other local Primary Care Trusts.
4. To assess patients' experiences of NHS dental services in Tameside.
5. To establish past, present and future policies for oral health promotion in Tameside and consider the impact of these on oral health in Tameside.

See Appendix 1 for details of the Project Plan.

5. Methodology

- 5.1 The Scrutiny Panel met with and received information from Ms Tricia Sloan, the Director of Planning and Performance, and Ms Sue Shorrocks, the Contracts Administration Manager from Tameside and Glossop Primary Care Trust (PCT) to discuss issues around the provision of NHS dental services in Tameside and new arrangements for NHS dentistry.
- 5.2 Officers from the Scrutiny Support Unit met with the former Consultant for Dental Public Health at Tameside and Glossop PCT, Ms Colette Bridgman, and Mr Brian Durgan, Dental Practice Adviser to the PCT.
- 5.3 Representatives from the Scrutiny Support Unit met with and received information from a number of local dentists working in Tameside about current access problems to NHS dental services in Tameside and the impact of the new dental contract.
- 5.4 Ms Delphine Gratrix, Clinical Director for Community Dental Services and Ms Lynne Smith, Oral Health Promoter from the PCT attended a Scrutiny Panel meeting and presented information on the role of the Community Dental Service, local oral health statistics and Oral Health Promotion activities in Tameside.
- 5.5 The Chair of the Panel and an officer from the Scrutiny Support Office met with Ms Geraldine Buckley, Programme Manager and the Health Co-ordinator at Hattersley Surestart who provided information about oral health promotion initiatives in Hattersley.
- 5.6 Letters were sent to the British Dental Association and the Patients' Association asking for their views on the new dental contract and the Government's new guidelines for dental check-ups. The British Dental Association responded with their views on these issues.
- 5.7 The Scrutiny Panel met with and received information from Mr Julian Hartley, the Chief Executive of the PCT who informed the Panel about developments in NHS dental services.
- 5.8 A letter from the Chair of the Scrutiny Panel appeared in the local press in September inviting comments from members of the public about their experiences of NHS dental services in Tameside. The Chair received 21 replies from members of the public expressing their concern over availability of NHS dentists and asking for help with finding a dentist still registering NHS patients.
- 5.9 The Scrutiny Panel commissioned a series of questions in a Citizens' Panel questionnaire to find out about residents' experiences of dental services in Tameside.
- 5.10 A questionnaire was sent to all NHS dentists operating in Tameside to find out about dentists' views of access to NHS dental services and to ascertain what dentists think about the new contract. A total of 31 responses were received from both individual dentists and dental practices.
- 5.11 An officer from the Scrutiny Support Unit met Lynne Smith, Oral Health Promoter and Sheila Simon, Community Dietician at the PCT who provided information about oral health promotion activities in Hyde and Hattersley.

6. NHS Dental Services

Objective One

To develop an understanding of past, present and future provision of NHS dental services in Tameside.

General Dental Services

- 6.1 The main provider of NHS dental services in Tameside are General Dental Practitioners (GDPs) who operate under the General Dental Service. GDPs are independent contractors who may provide NHS treatment, private treatment or a combination of the two.
- 6.2 The General Dental Services (GDS) contract was set up in 1948 to provide NHS dental services. The service was initially free to patients but dental charges were introduced in 1952. Dentists were contracted to provide NHS dental care on a fee-per-item basis, with the cost of each course of treatment based on the Statement of Dental Remuneration (SDR) set by the Department of Health.
- 6.3 There were no formal arrangements for continuing care. Each course of treatment represented a short-term contract between the dentist and patient. In practice, dental practitioners built up lists of regular patients to whom they had an on-going commitment.
- 6.4 The Government introduced a new national dental contract in 1990 which brought in different fee arrangements and the registration of adults and children whereby dentists would be paid capitation fees for each registered patient as well as fees for each individual treatment¹.
- 6.5 The registration period lasts for 15 months and is renewed every time a new course of NHS treatment begins. If a patient does not attend the dentist during the 15-month period they are automatically removed from the dentist's list.
- 6.6 The majority of patients are required to pay a contribution for the cost of the treatment they receive. However, there are four categories of exemption from patient charges: patients under 18; those aged 18 but still in full-time education; expectant mothers; and mothers who have had a baby in the last 12 months. Patients who fulfil certain low-income criteria have their patient charge requirement refunded either in full or part. Patients who are not entitled to free treatment from the NHS have to pay 80 per cent of the cost of their treatment up to a maximum of £378.

Community Dental Services

- 6.7 The Community Dental Service (CDS) in Tameside and Glossop provides dental care for patients who have difficulty getting treatment in the General Dental Service.

¹ Source: National Audit Office – Reforming NHS Dentistry, Ensuring effective management of risks, November 2004.

- 6.8 The CDS provides treatment for a range of people with different needs including people with learning disabilities, elderly housebound people, people with mental or physical health problems or other disabling conditions that prevent them from visiting a family dentist/General Dental Practitioner.
- 6.9 CDS dentists are salaried employees of the Primary Care Trust and work within a wider clinical team including other professionals complementary to dentistry and other health professionals such as school nurses, health visitors and district nurses. They are responsible for undertaking epidemiological studies of oral health, principally for use in planning local dental services, but also when required as part of periodic programme of national surveys of child and adult dental health sponsored by the Department of Health.
- 6.10 The CDS also manages oral health promotion schemes and oral screening programmes in schools. The CDS may provide treatment for children identified at screening who do not have a family dentist.
- 6.11 The CDS operates community clinics based around the borough in Ashton, Stalybridge, Dukinfield, Audenshaw, Denton (2), Hattersley and Hyde (2).
- 6.12 The following is an illustration of the CDS team in Tameside and Glossop PCT:



Secondary Care Dental Services

6.13 Secondary care dental services such as oral and maxillofacial surgery, trauma, orthodontics and restorative dentistry are offered on referral from medical and dental practitioners. Services are provided by Tameside General Hospital, the Royal Oldham Hospital and an In-patient service at North Manchester General Hospital. Orthodontic work of varying degrees of complexity is carried out by a number of general dental practitioners in Tameside and Glossop, with two practices providing only orthodontic services.

Emergency Dental Services

- 6.14 Patients not registered with an NHS dentist are able to access NHS Dental Services through an Emergency Service provided by a salaried dentist every afternoon at Crickets Lane Health Centre in Ashton-under-Lyne. In addition a number of general or personal dental service practices provide some in hours emergency care, all triaged through the Crickets Lane service. The Dental Hospital in Manchester also operates an emergency clinic for non-registered patients who are seen on a first come, first serve basis.

The National Situation

- 6.15 Access to NHS dental services is a nationally recognised problem with problems being reported since the early 1990s. This is due to a combination of poor workforce planning and dentists reducing their commitment to the NHS.
- 6.16 Following the Department of Health's first dental workforce review in 1987, two dental schools in England were closed, from 1992, which resulted in a fall of 10 per cent in the number of dentists being trained².
- 6.17 The introduction of the new dental contract in 1990 resulted in many dentists reducing their commitment to the NHS and increasing the amount of private work that they did.
- 6.18 There are now more dentists than ever before working in the primary care sector - over 19,000. However, while the number of dentists has risen, the proportion of dentists' time spent on NHS work has fallen. This is because, on average, dentists have increased the amount of time that they devote to private practice and more are working part-time³. This has resulted in problems for some people gaining access to NHS dentistry.
- 6.19 While there has been an increase in the number of dentists nationally, the British Dental Association (BDA), in a briefing to the Panel, reported that there still remains a shortfall in the number of dentists needed to meet patient demand. The Department of Health's Primary Care Dental Workforce Review published in July 2004 confirmed this shortage. In this, it was estimated in 2002 that, in 2003, there would be a shortage of 1,850 dentists.
- 6.20 The current system of remuneration has also been blamed for access problems and inefficiencies within NHS dentistry. The Audit Commission compared the payment per item-of-service system to that of a treadmill as it requires dentists to work longer and faster to meet overhead costs as well as providing an income for themselves. The Audit Commission also reported that at least £150 million of NHS funds are spent in England on over-frequent examinations and on unnecessary scaling and polishing⁴.

² Source: National Audit Office – Reforming NHS Dentistry, Ensuring effective management of risks, November 2004.

³ Source: NHS Dentistry: Delivering Change, Report by the Chief Dental Officer (England), July 2004.

⁴ Source: The Audit Commission: Dentistry – Primary dental care services in England and Wales, 2002.

The New Base Contract

- 6.21 In 1999, the Prime Minister announced that by September 2001 anyone wanting NHS dental care would be able to receive it⁵. The Department of Health reaffirmed the Prime Minister's commitment in the NHS plan in July 2000, stating that anyone would be able to find an NHS dentist simply by calling NHS direct⁶.
- 6.22 The National Health Service (Primary Care) Act 1997 established Personal Dental Services (PDS) contracts to enable dental practices to pilot new ways of delivering NHS dental services such as new systems for paying dentists and new ways of working.
- 6.23 PDS are locally negotiated contracts between practices and PCTs and were created primarily as an initiative aimed at increasing access to NHS dental services and raising the level of patient care.
- 6.24 In August 2002 the Government published the report 'NHS Dentistry: Options for Change' setting out a series of reforms to NHS dental services in England and building on the PDS pilots. The key aims of these proposals were:
- To allow dentists to practise more preventative dentistry by changing the payment system for dentists from the restrictive existing fee-for-item system;
 - To offer care which is responsive to local need;
 - To improve the patient experience;
 - To improve access to NHS dentistry;
 - To improve the working lives of dentists and their teams.
- 6.25 In 2003, the Health and Social Care (Community Health and Standards) Act 2003 introduced major changes to the way primary dental services will be organised in England. These changes will apply to all who work in primary dental care, both in general dental practice and the salaried services.
- 6.26 Under the new arrangements, responsibility for primary dental services will be devolved from the Department of Health to Primary Care Trusts (PCTs) who will undertake local commissioning of primary dental services to meet local needs.
- 6.27 To enable these changes, the NHS dentistry budget, with additional growth money, will be devolved to PCTs. As part of earnings protection, each PCT will have a duty to maintain the devolved allocations earmarked for dentistry, with this funding ring-fenced until 2008.
- 6.28 PCTs will enter into local contracts with dental practices, corporate dental bodies, PDS providers or provide the services themselves. All general dental practitioners in contract with a PCT who are not already providing services as part of a PDS arrangement will be offered the new base contract. The Department of Health has allowed PCTs 12 months to set up initial contracts and a further three years in which to move to full local commissioning.
- 6.29 As with PDS, under the new base contract practitioners will no longer be paid on a fee-for-item basis. Instead, payment will be based on dentists' gross earnings

⁵ Source: Select Committee on Health, Access to NHS Dentistry

⁶ Source: The NHS Plan – A Plan for Investment, A Plan for Reform, July 2000

from the previous financial year which will be paid in 12 monthly instalments. The concept of registration will also be replaced by a new system of practice lists.

6.30 The Government set an initial date of April 2005 as the target date for implementation of the new contract. Following consultation this date was postponed until October 2005. In January 2005, however, the Secretary of State for Health, Dr John Reid, announced that full implementation would now take place in April 2006 to allow more dentists to move to the new ways of working and to enable public consultation on the changes.

6.31 The following table summarises the main changes to current NHS dental care arrangements⁷:

	Current Arrangements	New Arrangements
Contract	Any dentist registered with the General Dental Council and accepted onto a PCT list is able to practise in the General Dental Service (GDS).	A dentist who is providing General Dental Services or Personal Dental Services (see Glossary above) will be entitled to a contract under the new arrangements.
Location	A dentist can practise anywhere they choose to.	PCTs will be able to decide where new dental practices should be located.
Payment	Dentists are paid fees for providing treatments. In addition, dentists are paid for every patient registered with them.	Gross earning will be protected for a 3 year period, providing dentists maintain a certain level of NHS commitment. Agreed gross earnings will be paid in 12 monthly instalments.
Funding	Dentists can vary their work (and therefore their earnings) without reference to the PCT.	PCTs will have control over their budgets and dentists will need to agree contract variations with their PCT, increasing contract value for greater commitment.
Treatment	All treatments necessary to secure oral health are allowed. Some modern treatments, such as white fillings are subject to prior approval from the Dental Practice Board.	Dentists will have more freedom to provide the treatments they consider to be clinically appropriate.
Incentives	Dentists are paid for providing treatments but not prevention or advice.	Dentists will be paid to meet oral health needs, which will include undertaking prevention work, not simply for the treatments they provide.
Patients	Dentists are required to look after all registered patients. Registrations lapse after 15 months unless the patient re-attends. Dentists can provide treatment on an occasional basis to non-registered patients.	Dentists will have a practice list of patients who attend at intervals appropriate to their clinical needs.
Patient Fees	Patients currently pay 80% of fees up to a maximum charge of £378.	A new simplified system of patient charges was submitted to Ministers in March 2004 but the final details were still under consideration.

⁷ Source: National Audit Office – Reforming NHS Dentistry, Ensuring effective management of risks, November 2004

- 6.32 In November 2004 The National Audit Office (NAO) published a report supporting the need to reform NHS dentistry but stated that there are significant risks that will need to be managed if the new system is to be effective and provide value for money.
- 6.33 The British Dental Association (BDA) also supports the general principles of the Government's proposals but has serious concerns about aspects of implementation and funding. For many years, the BDA has argued that the current contract does not properly reflect patients' needs. The BDA is adamant that any new arrangements should not simply replace one 'treadmill' with another and that dentists be given the opportunity to spend more time with their patients. This would not only ensure better self-management of care but also the shift in emphasis from invasive treatment to prevention.
- 6.34 Despite concerns over the proposed changes, the NAO outlined a number of key advantages with the new dentistry arrangements, including:
- Local knowledge of PCTs should ensure that resources are directed appropriately to improve oral public health and to tackle shortages in dental services.
 - Dentists will be required to provide oral health advice and ensure a continuing commitment to the NHS. New payment arrangements should remove incentives currently offered to dentists to deliver additional treatments to patients, forcing dentists to focus more on oral health assessments, individual treatment plans, flexible recall periods and more preventative work.
 - Professionals complementary to dentistry, such as hygienists, nurses and therapists, will play a more active role in the treatment of patients. This will free up dentists' time to improve access.
- 6.35 The new base contract has caused huge uncertainty within the dental profession. In March 2004, the British Dental Association (BDA) surveyed 25,000 dentists and found that nearly 60 per cent of the 7,500 high street dentists who responded will either reduce their NHS commitment or quit the NHS altogether.
- 6.36 The BDA's consultation found that just one in five dentists thought the Government had listened to their concerns. Just two per cent of high street dentists said that they would increase their NHS work on the back of the Government's proposals, while 16 per cent said that they would stop providing NHS dentistry altogether.
- 6.37 The NAO and the BDA have a number of other concerns with the way the new system will operate, including:
- One of the reasons behind the new proposals is to encourage dentists to increase their NHS commitment. In order for this to be possible, PCTs will need to incorporate sufficient room for growth of NHS dentistry to allow for dentists to return to the NHS and for existing NHS dentists to increase their NHS work. Many dentists are sceptical about the proposals. The NAO believes that this, combined with the lack of information about how the new system will operate, means that there is a risk that dentists will reduce their NHS commitment.

- Under the new arrangements, a new system of patient charging is being determined. It is expected that the new system will be more transparent and much simpler for patients to understand. The details of the new charging system are essential to the new base contract and delays in announcing details are creating uncertainty amongst dentists.
- PCTs have no experience of commissioning services from primary care dentists. Nine out of ten dentists questioned by the BDA did not believe that PCTs had the capacity to deal with these new dental commissioning responsibilities. The BDA strongly believes that there has been insufficient communication between PCT's and dentists regarding the new contract and the new oral public health responsibilities have not been properly examined by PCTs. In order for the arrangements to succeed, PCTs will need to develop close relations with dental practices and try and understand the nature of dental practices as being both providers of dental services and businesses.
- With a system of guaranteed earnings, there is a risk of dentists under-treating. The NAO believe that the new contract may lead to situations where:
 - i. Fillings may be too costly in terms of 'chair time' and prove not to be cost effective for the dentist. Dentists would have an incentive to provide treatments that do not consume expensive materials.
 - ii. Dentists may not undertake services requiring laboratory work without financial incentives. Crowns and dentures are costly on materials and chair time.
- Unless there are clear incentives for dentists to extend access, there is a risk that freed up capacity arising from changes in operating practices may not be used for NHS work.

6.38 The Department of Health's decision to delay the implementation of the new contract was welcomed by both the NAO and the BDA. The BDA hopes that a delay in the implementation of the new contract will give PCT's more time to gain the knowledge and expertise dentists fear they lack, as well as allowing dentists more time to review their various options. These include, entering into Personal Dental Services before implementation of the new contract, signing up to the base contract or looking at alternatives in private care.

Frequency of Dental Examinations

6.39 In a report by the Audit Commission in 2002, the current system of registration was criticised for encouraging attendance for check-ups more frequently than may be needed since patients are required to attend within a 15 month period or be de-registered⁸.

6.40 In October 2004, the National Institute of Clinical Excellence issued guidance on the recall intervals between routine dental examinations. They recommend that the interval between routine check-ups should be determined specifically for each patient on the basis of an assessment of disease levels and risk of or from dental

⁸ Source: The Audit Commission: Dentistry – Primary dental care services in England and Wales, 2002.

disease. The interval could be up to two years for some adults and as often as every three months for those needing more frequent attention.

6.41 The BDA says common sense has prevailed in the new guidelines on the frequency of dental examinations and has long maintained that this should be the case.

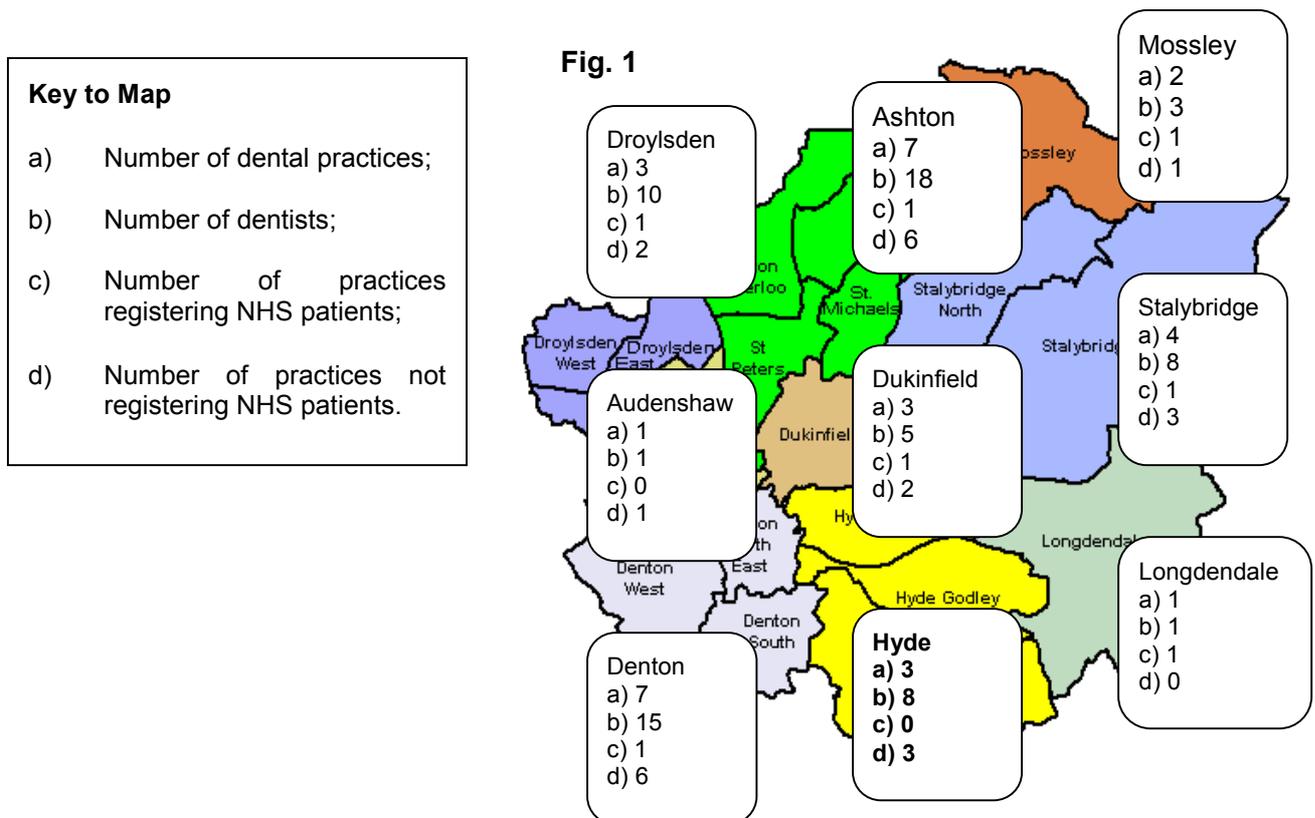
6.42 Ralph Davies, Chair of the BDA's Representative Body and member of the Guideline Development Group said: "*The British Dental Association has always held that the frequency of dental check-ups should be based on the individual patient, not a 'one size fits all' system. How often you need an examination should be based on what is best for you as a patient and the clinical judgement of your dentist. NICE has also called for more research to be carried out on this subject and the BDA strongly supports this.*"

7. Access And Availability Of NHS Dental Services In Tameside

Objective Two

To produce accurate information on current access and availability of local NHS dentists and identify gaps in service provision.

- 7.1 The map below (Fig.1) shows the number of dental practices and dentists and current availability by town in Tameside (as at 21st March 2005)⁹:
- 7.2 The map demonstrates that 7 out of the 31 practices in Tameside were registering new NHS patients at that time, including one practice in Mossley which was accepting children only, and another in Dukinfield which was accepting names on to a waiting list.
- 7.3 The remaining 24 practices in Tameside were not accepting new NHS patients at all. While this situation can change on a daily basis, the numbers indicate that the lack of dental practices registering new patients could lead to problems for patients trying to access NHS dental care in the borough and therefore increased pressure on the emergency dental service.



⁹ Source: Tameside and Glossop Patient Advice and Liaison Service

8. Access To NHS Dentistry In Greater Manchester

Objective Three

To compare access and availability of NHS dental services in Tameside with those of other local Primary Care Trusts.

- 8.1 Each of the Primary Care Trusts in Greater Manchester were contacted and asked for information regarding the number of dental practices and dentists in those areas and the number of dental practices registering new patients. Figure 2 illustrates the information gathered in this exercise. These figures accurately represented the situation during the period December 2004 to March 2005 when the information was collected. It is recognised, however, that these figures are likely to change and that individual PCTs record this information differently.
- 8.2 For each PCT the number of dentists per 1000 population was calculated. The average number of dentists per 1000 is 0.43, higher than the 0.36 dentists per 1000 people in the Tameside and Glossop PCT area and the 0.32 dentists per 1000 in the Tameside local authority area. While Tameside and Glossop PCT does not have the lowest number of dentists for its population (see 0.28 in Rochdale PCT), eight of the remaining thirteen PCTs have a higher number per 1000.
- 8.3 Similarly, access in Tameside and Glossop is not the worst in Greater Manchester, with no practices in Bolton registering new NHS patients, and Bury, Rochdale and South Manchester all having fewer practices than in Tameside accepting new patients. However, access to NHS dental services in Tameside (and the Tameside and Glossop PCT area) is worse than in other parts of the conurbation, for example, in the Ashton, Leigh and Wigan PCT area. It should be noted that this information can change on a daily basis and only represents the information provided at the given time.
- 8.4 Figure 2 overleaf also indicates the number of dental practices registering new NHS patients calculated as a percentage of the total number of practices in each PCT area.

Fig. 2

Primary Care Trust	Number of Dental Practices	Number of dentists	Population of PCT area¹⁰	Number of Dentists per 1000 population	Number of practices registering new NHS patients (% of Dental Practices)
Ashton, Leigh & Wigan	44	116	301207	0.39	13 (29.5%)
Bolton	41	85	261329	0.33	0 (0%)
Bury	34	74	180637	0.41	4 (11.8%)
Central Manchester	30	66	147788	0.45	6 (20%)
Heywood & Middleton	12	24	73378	0.33	5 (41.7%)
North Manchester	31	86	118885	0.72	13 (41.9%)
Oldham	40	66	217456	0.30	4 + PCT access service (12.5%)
Rochdale	19	37	131546	0.28	1 (5.3%)
Salford	41	92	215817	0.43	Between 5 and 10 (18.3%)
South Manchester	28	75	125779	0.60	2 (7.1%)
Stockport	59	121	284582	0.43	8 (13.6%)
Tameside (local authority)	31	69	213043 ¹¹	0.32	7 (22.6%)
Tameside & Glossop	37	89	245415	0.36	9 (24.3%)
Trafford North	14	31	92686	0.33	8 (57.1%)
Trafford South	31	81	117470	0.69	13 (41.9%)

¹⁰ Source: North West Public Health Observatory

¹¹ Source: National Statistics Online – Neighbourhood Statistics (2001 Census)

9. Consultation

Objective Four

To assess patients' experiences of NHS dental services in Tameside.

Consultation with Members of the Public

- 9.1 As part of the Scrutiny Panel's objective to assess patients' experiences of NHS dental services in Tameside, a letter from the Chair of the Scrutiny Panel appeared in the local press inviting members of the public to submit their comments about their experiences of NHS dental services in Tameside.
- "I have never kept to the six month check-ups, which hasn't been a problem in the past, I attended when I felt I needed to. I recently phoned and was told I wasn't registered as I haven't attended for 2 years. I hadn't received any warning of this, or reminders."
(Resident, by email)*
- 9.2 The Chair received a total of 21 replies from people expressing their concerns over availability of NHS dentists and asking for help with finding a dentist still registering NHS patients.
- "...last week I tried to make an appointment for a check up for him and also myself. I was told they are not making any appointments until November as they don't have a "regular dentist" (I can't remember the last time they did, every time I have been in about the last 5 or 6 years it has been a different dentist!)." (Resident, Stalybridge)*
- 9.3 Issues raised in the letters include:
- Respondents' dentists no longer offering NHS dental services and being asked to register as private patients;
 - Respondents unable to find an NHS dentist;
 - Limited number of dentists registering NHS patients;
 - Inability to get an appointment to see the dentist registered with;
 - Lack of awareness of the 15 month registration period;
 - Respondents' registration lapsing and not being informed until they try and make an appointment;
 - Expensive private treatments for dental problems as a result of being unable to find an NHS dentist.
- "In January 2004 we had a letter stating we would have to pay as you go on Denplan which would cost us £40-00 plus per month." (Resident, Denton)*
- "We have tried to find an alternative dentist but in each case we are told that they are not accepting new patients, consequently we are left with the prospect of no dental treatment other than by going "private"." (Resident, Dukinfield)*

"My eldest son hasn't been to the dentist for over 15 months which apparently is the cut off time allowed before you are automatically de-registered. Unfortunately no one informs you of this fact until you try to make an appointment." (Resident, Hyde)

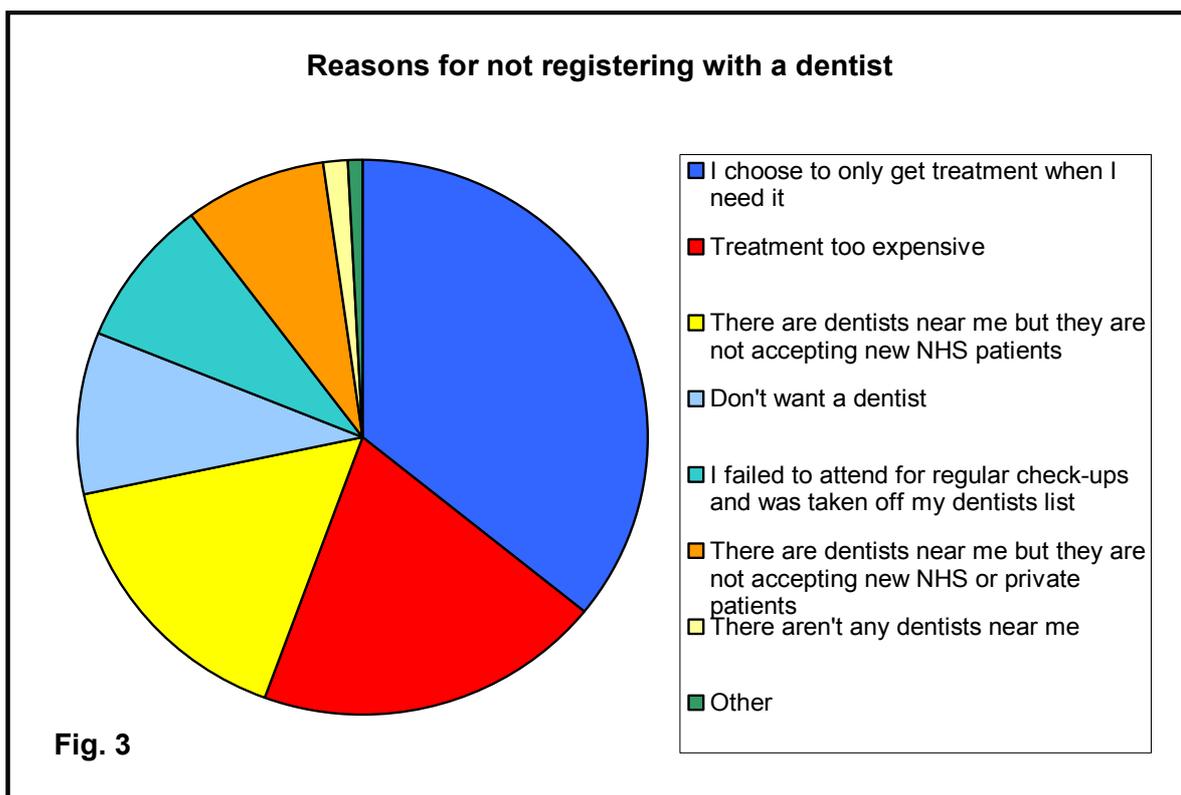
"The surgery I have been attending for 5 years informed me in June that they were offering only private treatment from August and pushed literature for Denplan insurance into my hand, costing nearly £20 per month." (Resident, Denton)

"I have found another dentist after phoning the NHS direct to find dentists in my area who take on NHS. There were only 2. I phoned one of the 2 and got on there but even that dentist says he might be going private soon!" (Resident, by email)

"We have tried to find an alternative dentist but in each case we are told that they are not accepting new patients, consequently we are left with the prospect of no dental treatment other than by going "private". (Resident, Dukinfield)

Consultation with Members of the Citizens' Panel

- 9.4 In October 2004 the Scrutiny Panel undertook consultation with members of the Citizens' Panel to find out about residents' experiences of dental services in Tameside. The questionnaire was sent to all 1,963 members of the Panel and a total of 1,322 questionnaires were returned, representing a response rate of 67%.
- 9.5 Just over two-thirds (69%) of respondents said that they are registered with a dentist as a NHS patient compared with one in ten (11%) who are registered as a private patient.
- 9.6 Nearly one in five respondents (18%) said that they are not registered with a dentist at all, mainly because they choose to get treatment only when they need it (49%). However, one in five non-registered people say they are unable to locate a dental surgery willing to take new patients (See graph below – Fig.3).
- 9.7 People from black and ethnic minorities (BMEs) are significantly less likely to be registered with a dentist (40% BME not registered compared to 17% non-BME).
- 9.8 Those who are not currently working are more likely to get treatment only when the need it (58% not working say this compared with 41% who are working).
- 9.9 Respondents aged under 30 are more likely to say that treatment is too expensive (63% of those under 30 say this compared with 29 of 30-59 year olds and 12% of 60+ year olds).



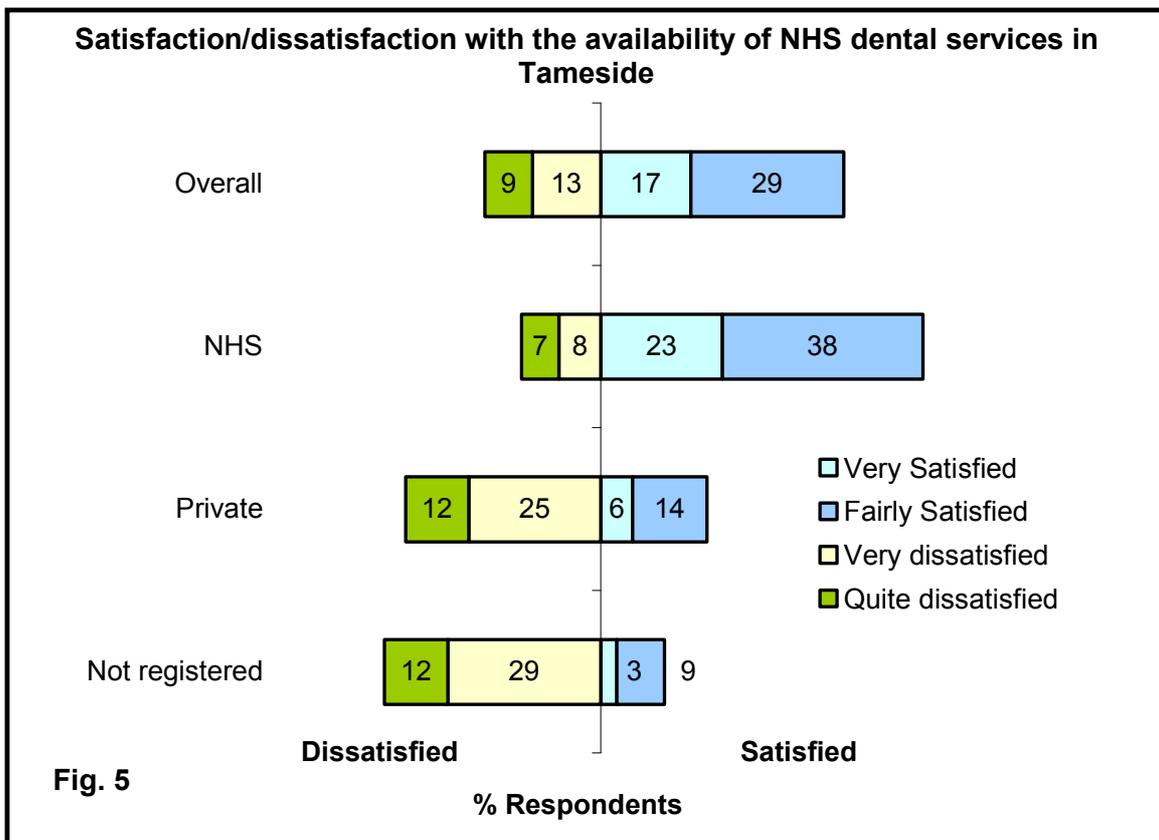
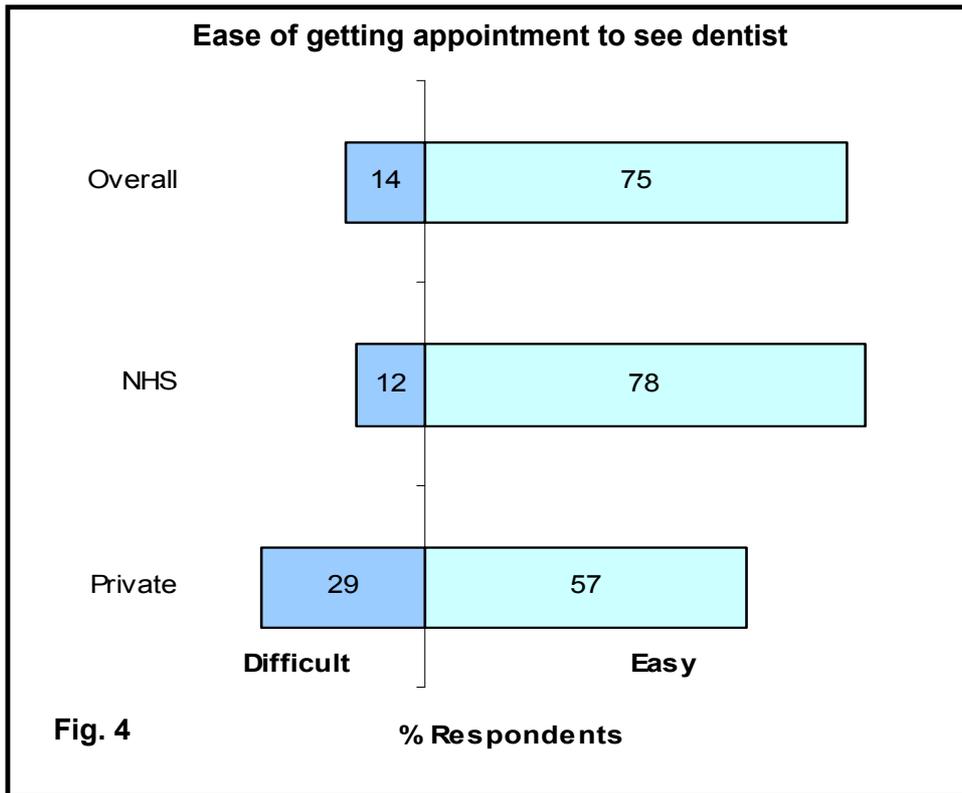
9.10 The main reason why respondents register with a private dentist is because they say that their dentist ceased providing NHS cover (62%). The other reasons are listed in the table below.

	%
I have always been a private patient	18
I consider I get better treatment as a private patient	15
The NHS dentist surgeries in my area were full	11
Other	1

9.11 Both private and NHS patients were asked how easy or difficult it is to get an appointment to see the dentist where they are registered, when they need to. The chart overleaf (Fig.4) illustrates respondents' experience of this.

9.12 What the Panel find interesting about this is that those who go for private dental treatment tend to find it more difficult to get an appointment than NHS dental patients. Respondents living in Ashton Hurst, Ashton Waterloo and Ashton St. Peter's, Droylsden East and West, Hyde Godley and Hyde Newton, and Longdendale find it most difficult to make an appointment with their dentist.

9.13 Lastly, all respondents were asked how satisfied or dissatisfied they are with the availability of NHS dental services in Tameside (see Fig.5). On the whole respondents who receive dental treatment from NHS dental practices tend to be significantly more satisfied with the availability of NHS dental services in Tameside than those treated privately – strongly suggesting that many private patients would prefer to receive NHS treatment if it were available to them.



Consultation with Local Dentists

Access to NHS Dental Services

- 9.14 Discussions with local dentists, confirmed that there were major access problems in Tameside regarding dental provision and there are very few dentists who are still registering NHS patients.

The New Base Contract

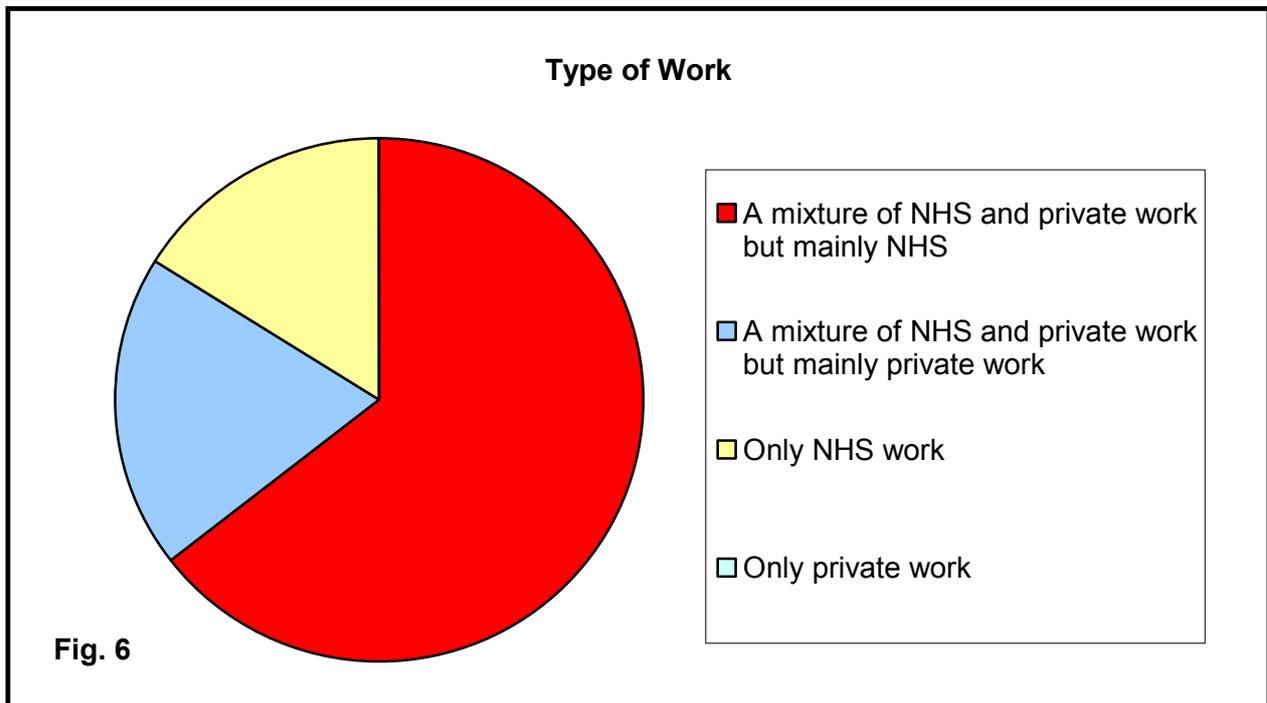
- 9.15 Some dentists reported that the new contract does nothing to encourage dentists to carry out anything other than the minimum amount of work. They consider that only the nominal amount of work will be done to fulfil contract requirements as there are no incentives to encourage them to do more than they are targeted for.
- 9.16 One dentist gave an example of what they believe could be the consequences of the new contract:
- A decayed tooth needing root fillings and a crown requires two 30 minute sessions and considerable laboratory work. As far as the new contract is known, this work would attract the same payment as a simpler procedure taking less time, for example, an extraction. As a result the dentist would effectively lose money.
- 9.17 However, there were some local dentists that support the new contract. They consider that although there were some initial funding problems, these issues had been addressed. They argue that the new contract will give dentists greater financial security, allow them to undertake more preventative work, and give them more time to spend with patients who actually require treatment. While under PDS they have seen no notable improvements in access, they believe that it will take a few years to see the results which should lead to an improvement in oral health.
- 9.18 A dentist reported that under the PDS system there is an incentive to see more patients. They have a contract with the PCT to see "X" number of patients on the notional list. If they have additional capacity, they can go to the PCT and ask for funding to see a greater number of patients than their current contract allows.
- 9.19 Also, the new contract allows for greater skills mix, for example there will be funding for the dentists to employ more hygienists and therapists.

Frequency of Check-ups

- 9.20 One Tameside dentist reported that the NICE guidelines on the frequency of dental examinations will free up more time and enable them to see more patients. They believe that it is clinically appropriate to see patients at an interval determined by the individual's needs.
- 9.21 However, another local dentist warned that the guidelines could lead to a deterioration of care. They argued that there is a very small number of people in Tameside for whom it would be appropriate to have less frequent check-ups.

Survey of Dentists in Tameside

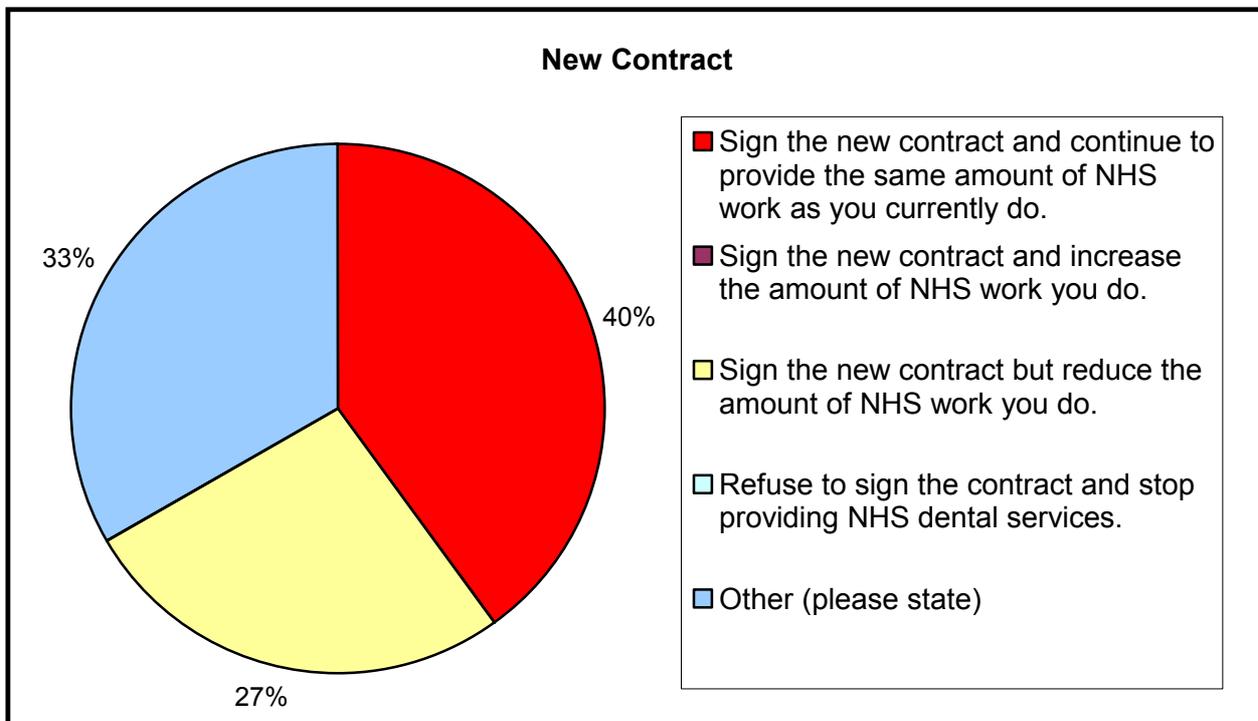
- 9.22 Following discussions with a number of local dentists, the Scrutiny Panel sent a questionnaire to all 69 dentists based in Tameside. The aim of the survey was to find about dentists' overall views of NHS dental services in the area and to ascertain what they think of the new dental contract. A total of 31 questionnaires were returned, 25 from individual dentists, 1 from an individual member of a dental team (other than a dentist) and 5 from dental practices.
- 9.23 The majority of respondents' dental practices (65%) provide a mixture of NHS and private dental services but mainly NHS (see Fig. 6) compared to just 19% (6 practices) that provide a mixture but mainly private and 16% (5 practices) that provide just NHS services.



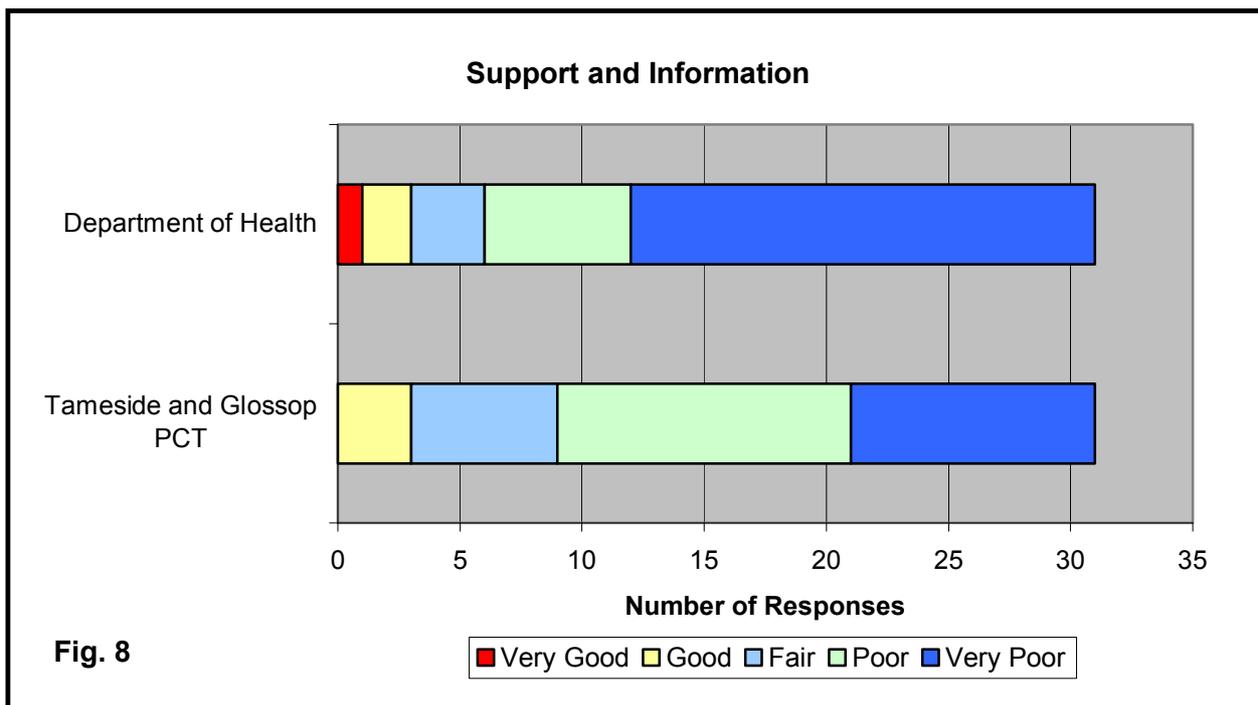
- 9.24 All of the respondents feel that access to NHS dental services is a problem to some extent in Tameside, two thirds of which feel that it is a serious problem.
- 9.25 An overwhelming majority of respondents (86%) do not believe that the new contract will improve access to NHS dental services for residents living in Tameside. A summary of the reasons given are listed below:

- No incentive for dentists to treat patients
- Dentists will leave the NHS
- Dentists are already working to capacity
- Dentists will be expected to increase capacity for the same amount per month
- There are not enough dentists and it is unlikely that the new contract will encourage dentists back into the NHS
- PCT struggling with the new contract
- Lack of information about the new contract
- Practice overheads are too high therefore dentists are turning to private dentistry.

9.26 Despite the majority of dentists saying that they do not believe the new contract will access for residents, two thirds of respondents intend to sign the contract (see Fig. 7). However, dentists are split as to whether they will maintain the same level of NHS work that they do now (40%) or reduce the amount of NHS work they do (27%). None of those asked said they will increase the amount of NHS work they do now nor did any respondent say they would refuse to sign the contract.



9.27 Of the remaining third of respondents, four already have a Personal Dental Services contract and six are undecided as to what they will do when the new contract is introduced.



9.28 When asked to rate the level of support and information provided by both the Department of Health (DoH) and the PCT on the new contract, considerably more respondents said that the support and information provided by the DoH was very poor compared to that provided by the PCT (61% v 32% - see Fig.8). This indicates that local dentists believe that the poor information and support provided by the PCT stems from a lack of information provided by the DoH.

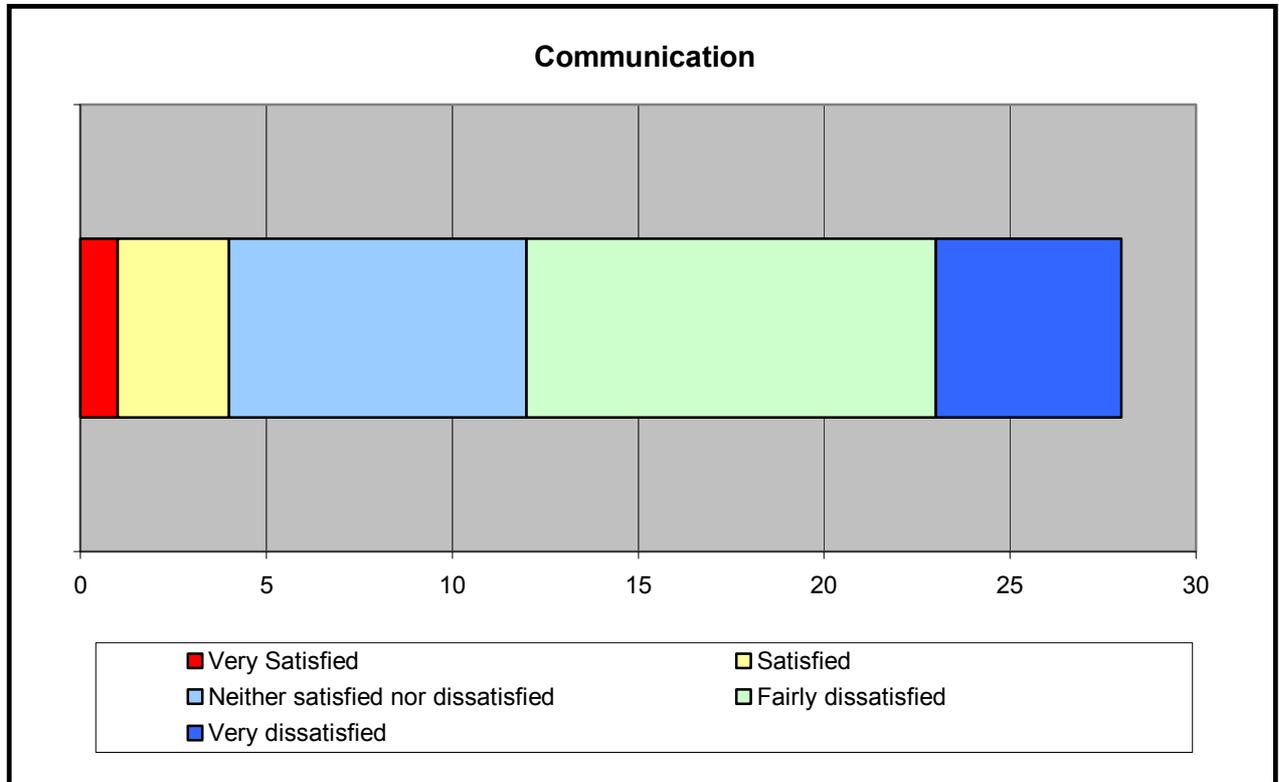


Fig. 8
9.29 Finally respondents were asked how satisfied they are with the level of communication between themselves and the PCT (see Fig. 8). Over half of respondents are dissatisfied (39% fairly dissatisfied, 18% very satisfied). Just 14% of respondents are satisfied with the level of communication between themselves and the PCT.

10. Oral Health Promotion In Tameside

Objective Five

To establish past, present and future policies for oral health promotion in Tameside and consider the impact of these on oral health in Tameside.

Oral Health

- 10.1 The oral health of school children is monitored by a series of annual surveys carried out nationally and co-ordinated by the British Association for the Study of Community Dentistry. Dental health is measured by counting the number of teeth that are affected by tooth decay and then working out the average of all the children examined. Any tooth that has decay, a filling or is missing because of decay is considered as having tooth decay experience. The average – for permanent or adult teeth - is known as the DMFT index (Decayed, Missing and Filled teeth) and for deciduous or first teeth DMFT.
- 10.2 Comparisons have been made regarding the dental health of five year old children in the North West who are examined biennially. The results from the 2001/02 survey show that 5 year old children in this region have more teeth affected by decay compared with the rest of England.
- 10.3 Poor dental health is closely linked to deprivation. The survey results for Tameside indicate that 51 per cent of five year olds are affected by decay with an average DMFT score of 2.56. This can be compared to scores of 1.66 in Trafford (42 per cent of children affected by decay) and 3.51 in Rochdale (66% of children affected by decay).
- 10.4 The results of surveys of five year olds since 1985 show that there has been no change in the dental health of this age group.
- 10.5 While overall figures for the region show no change in the dental health of five year old children, changes have been noticed at a local level amongst Bangladeshi children in the Greenfield area of Hyde. These children have particularly poor dental health when compared with other children, however there is an indication of a trend towards improvement. More recent information from an interim examination of pre-school children participating in a pilot scheme targeting oral health advice to mothers of young children indicates that this trend is continuing.
- 10.6 The results from the 1999 survey of five year old children allow comparisons by town in Tameside, the worst being Hattersley and Ashton with average DMFT scores of over 2.5 compared to Longdendale which had the lowest score in Tameside of around 1.5. However, differences in dental health can be seen within these areas themselves. For example, dental caries levels at one school in Hyde were extremely low at 0.78 DMFT, whilst another school only a few hundred yards away, reached 4.64 DMFT.
- 10.7 Dental surveys of 12 year old children age are undertaken every four years, the last survey being in 2000/2001. The results showed that children in the North West have more teeth affected by decay compared with the rest of England (as with 5 year old children).

- 10.8 The 2000/2001 survey found that 12 year old children in Tameside have an average DMFT score of 1.29 (49 per cent affected by decay) compared to scores of 1.08 in Trafford (46 per cent of children affected by decay) and 1.59 in Rochdale (53 per cent affected by decay).
- 10.9 While the North West remains the worst in the country for dental health in this age group, between 1984 and 2000 there has been a reduction of 66 per cent in caries levels in 12 year old children in Tameside. In addition, the proportion of 12 year olds with dental decay has fallen from 83% to 50%. This reflects improvements nationally.
- 10.10 As with 12 year olds, dental surveys of 14 year old children are carried out every four years. The results from the 1998/99 survey showed that 14 year old children in the North West have more teeth affected by decay compared with the rest of England (as with 5 and 12 year old children in the North West).
- 10.11 However, as with the 12 year old children, the levels of dental caries are reducing. Between 1986 and 2002, there was a reduction of 50 per cent in caries levels experienced by 14 year old children in Tameside and Glossop. In fact, since the first surveys were carried out in the early 1980s, the proportion of 14 year olds with dental decay has fallen from 84% to 65%. Again, this reflects improvements nationally.

Impact of Dental Visits on Oral Health

- 10.12 The results of the 2003 Children's Dental Health survey compared children's reported oral problems over a 12 month period with their usual dental attendance pattern¹².
- 10.13 Among all age groups, children who attended the dentist regularly were less likely to be reported as having dental problems than those who only visited the dentist when having trouble with their teeth.
- 10.14 Children who only attended a dentist when having trouble with their teeth were more likely to have experience pain. However this may be due to an association between irregular dental attendance and poor oral health, rather than poor oral health being a direct consequence of irregular dental attendance.

Oral Health Promotion Schemes

- 10.15 The oral health promotion team work closely with health and education professionals who can influence the oral health of priority groups, especially children. Toothpaste and toothbrushes are distributed by health visitors, and training and resources are provided for health visitors, midwives, practice nurses, teachers, pre-school workers, community workers and others.
- 10.16 The Community Health Service is keen to address the factors which cause the inequalities in dental health in vulnerable communities and have undertaken consultations with residents on this matter.

¹² Source: National Statistics Online

- 10.17 As a result of these consultations, it has been identified that the lifestyles of residents from different cultures within the local community, particularly regarding weaning practices, does have an effect on the dental health of children. Consequently, a number of community oral health promoters have been appointed to promote and work closely with residents of this area, and assist them in improving their oral health, mainly in collaboration with local Sure Starts and the Children's Fund
- 10.18 As part of the review, the Chair of the Scrutiny Panel and an officer from the Scrutiny Support Unit visited Hattersley Surestart scheme to gather information about types of oral health initiatives employed in the Hattersley area.
- 10.19 Surestart Hattersley operates a comprehensive Nutrition/Oral Health project focusing on weaning and advice and information for parents. The appointment of a local parent to the position of Oral Health/Nutrition Worker has been fundamental to the success of the projects in this area.
- 10.20 Improving the oral health of children under 5 years old is a key aim of the project. They aim to achieve this by supporting parents in caring for their children's teeth by promoting healthy nutritional development before and after birth. The types of help given to parents include weaning advice, healthy eating and preventative oral health advice, promotion of home cooked foods, help to ensure that parents and carers have access to healthy choices, and work with schools, nurseries and food premises in the area to encourage achievement of the Tameside Healthy Choice Award.
- 10.21 Surestart Hattersley offers all parents and carers of 10 month old babies a nutrition/oral health visit with a follow-up visit offered at 13 months. At these visits, a nutrition/oral health questionnaire is completed and nutrition/oral health advice is then given on a number of key indicators, including regular meals, fruit and vegetable intake, milk and tooth brushing. An information pack is also given to parents which includes a dental health leaflet, a toothbrush and toothpaste.
- 10.22 In evaluating the success of these visits, Surestart Hattersley found that the percentage of babies gaining poor/very poor in the assessment of tooth brushing of babies' teeth reduced after advice. Similarly, following advice at the 10 month visit, after 13 months 67 per cent of babies were registered with a dentist.
- 10.23 All children in this area receive a dental pack at 2 and 3 years old which includes a colouring book about visits to the dentist. At each stage parents are asked if their children are registered with a dentist and encouraged to do so if not.
- 10.24 The Surestart scheme in Hattersley is positive example of how nutrition/oral health promotion schemes can work in the community. Other successful schemes include a scheme aimed at reducing dental caries amongst Bengali children in the area around Greenfield Primary School in Hyde. The scheme has documented success with a trend towards improvement. The other Surestart schemes in Tameside are beginning to develop their own nutrition/oral health promotion projects, such as those of Surestart Hattersley, and are keen to begin evaluations of this work. There are also two local parents, funded by the Children's Fund, working as Community Nutrition Advisors/ oral health promoters with 5-13 year olds and their families in Ashton St Peters and in Hattersley.
- 10.25 The PCT actively promotes good oral hygiene within the community by working closely with organisations such as the Local Education Authority, Community

Midwives and Health Visitors, Private nurseries as well as with the Surestart initiatives described above. The PCT also produces a range of promotional material including advice on using fluoride toothpaste to strengthen children's teeth and a guide on choosing drinks for babies to help keep children's teeth healthy.

- 10.26 The importance of Oral Health is highlighted at Key Stage of the National Curriculum. The PCT works with schools and teachers, providing resources to school libraries and supporting the curriculum. Schools can also help to promote healthy eating and the types of food and drinks consumed by children at school, for example, through the National Healthy School Standard adopted in many Tameside schools and the Healthy Tooth Award. Examples of some of the work undertaken in schools in Tameside include fruit schemes in schools, breakfast clubs and an audit of packed lunches at Greenfield Primary School.

11. Borough Solicitor's Comments

The Borough Solicitor's representative has considered this Report and his comments have been acted upon when producing this Report.

12. Borough Treasurer's Comments

The Borough Treasurer has considered this Report and advises that there are "no direct financial implications" to Tameside MBC.

13. Conclusions

- 13.1** The Panel recognise that access to NHS dental services is a national problem resulting from a shortage of dentists and dentists reducing their commitment to the NHS. The situation in Tameside is better than many other parts of the country, particularly the South of England. Evidence gathered during this review does not indicate that this situation will be improved by the new contractual arrangements.
- 13.2** Both the Tameside and Glossop PCT area and the Tameside MBC area are below the average for the number of dentists per 1000 population (as at March 2005 – see Fig. 2).
- 13.3** Only five of the 14 PCTs in Greater Manchester have a higher percentage of dental practices registering new NHS patients than Tameside and Glossop PCT (as at March 2005 – see Fig. 2).
- 13.4** New arrangements for NHS dental services are scheduled to be introduced in April 2006 which aim to enable dentists to spend longer with their patients, and as a result of the National Institute of Clinical Excellence (NICE) guidance, patients will generally have less frequent check-ups. It is intended that these changes will result in access to NHS dentistry improving in the future.
- 13.5** The National Audit Office (NAO) and the British Dental Association (BDA) both recognise the need for change in the current arrangements for NHS dentistry, however, both have concerns over the way the new contract will operate.
- 13.6** In a survey undertaken by the BDA, it was found that nearly 60 per cent of high street dentists who responded will either reduce their NHS commitment or quit the NHS altogether as a result of the new contract. Consultation with dentists in Tameside, however, shows that two thirds of dentists intend to sign the new contract when it is introduced.
- 13.7** One of NAO's concerns is that the freed up capacity resulting from the new contract may not be used for NHS work resulting in access to NHS dental services not improving as the new arrangements intend. Information gathered locally reflects this view with just over a quarter of dentists responding to consultation saying that they will sign the new contract but reduce the amount of NHS work they do.
- 13.8** A further concern of both the NAO and local dentists is that under the new contract dentists might opt for cheaper, less effective treatments (see Paragraph 6.37). More complex or treatments with a greater degree of cosmetic effect would only be available privately.
- 13.9** Consultation with both patients and dentists show that there are problems for people not registered with an NHS dentist in accessing NHS dental services in Tameside. The majority of dentists who replied to the consultation also indicated that they did not think that the new contract would improve the situation (see Paragraph 9.2).

- 13.10** Although it is recognised that there are problems for unregistered patients accessing NHS dentists in Tameside, the consultation with the Citizens' Panel indicates that the majority of registered NHS patients find it easy to get an appointment to see their dentist when they need to (see Fig. 4). In addition, the vast majority of NHS registered patients are satisfied with the availability of NHS dental services in Tameside compared with privately registered patients (see Fig. 5).
- 13.11** Information received through consultation with dentists in Tameside indicates that dentists are unhappy with the level of support and information provided by both the Department of Health and the PCT on the new contract, and that around half of dentists are dissatisfied with the level of communication between themselves and the PCT. They recognise, however, that the PCT itself is having to operate in accordance with government policy and government information.
- 13.12** That although the dental health of children in Tameside is generally poor compared to other parts of the country, this is consistent with the North West region as a whole.
- 13.13** The Panel recognises that whilst the dental health of 12 and 14 year old children in Tameside is improving (in common with the North West region), inequalities in the dental health of children is a problem in the borough. However, the Panel acknowledges the success of targeted schemes aimed at improving oral health in the worst affected parts of Tameside, in particular, projects run by Surestart Hattersley.

14. Recommendations

- 14.1** That the Primary Care Trust continues to seek to improve communications with dentists in Tameside and encourages practitioners who have converted to the Personal Dental Services Contract to openly discuss their experiences with their colleagues.
- 14.2** That the Primary Care Trust encourages the establishment of more training dental practices in Tameside.
- 14.3** That the shortage of trained hygienists and other associated dental health professionals be acknowledged and PCTs collectively encourage the Department of Health to promote more training in these professions.

Personal And Health Services Scrutiny Panel

Review Of Dental Provision In Tameside

Project Plan – August 2004

Aim Of The Scrutiny Review Exercise

To review access and availability of local NHS dental services, and to evaluate the effectiveness of dental health promotion schemes in Tameside.

Objectives

- A. To develop an understanding of past, present and future provision of NHS dental services in Tameside.**
- B. To produce accurate information on current access and availability of local NHS dentists and identify gaps in service provision.**
- C. To compare access and availability of NHS dental services in Tameside with those of other local Primary Care Trusts.**
- D. To assess patients' experiences of NHS dental services in Tameside.**
- E. To establish past, present and future policies for oral health promotion in Tameside and consider the impact of these on oral health in Tameside.**

Timescale

It is anticipated that this review will be completed by December 2004.

Detailed Action Plan

Action		Objective met	Timescale	Lead Scrutiny Panel member(s) and/or Scrutiny Support Officer(s)	Monthly update
1	Briefing Paper outlining current dental service provision in Tameside including numbers and availability of general dental practitioners.	A, B	Briefing Paper for Scrutiny Panel Meeting 22 nd September 2004	Diana Paver (Scrutiny Support Officer)	
2	Meet with Colette Bridgman, Consultant for Dental Public Health, Tameside and Glossop PCT to discuss: past, present and future provision of dental services in Tameside; and the PCT's role in dental provision and oral promotion.	A, B	Scrutiny Panel Meeting 22 nd September 2004	Scrutiny Panel	
3	Briefing Paper outlining the role of the Community Dental Service and past, present and future policies for oral health promotion in Tameside.	A, B, E	Briefing Paper for Scrutiny Panel Meeting 13 th October 2004	Diana Paver (Scrutiny Support Officer)	
4	Speak to an LEA officer to find out if the LEA has any involvement in dental health promotion in schools	E	Scrutiny Panel Meeting 13 th October 2004	Diana Paver (Scrutiny Support Officer)	
5	Meet with Delphine Gratrix, Clinical Director, Community Dental Services, Tameside and Glossop PCT to discuss oral health in Tameside and the role of the Community Dental Service.	A, B, E	Scrutiny Panel Meeting 13 th October 2004	Scrutiny Panel	
6	Meet with Oral Health Promotion Officers to discuss past and present oral health promotion/education schemes	E	Scrutiny Panel Meeting 13 th October 2004	Scrutiny Panel	
7	Meet with representatives of Sure Start schemes in Tameside to discuss oral health promotion/education undertaken with parents and children.	E	Informal Meeting by Scrutiny Panel Meeting 13 th October 2004	Scrutiny Panel	

Action		Objective met	Timescale	Lead Scrutiny Panel member(s) and/or Scrutiny Support Officer(s)	Monthly update
8	Meet with Brian Durgan, General Dental Practice Adviser, Tameside and Glossop PCT to discuss the role of the General Practice Adviser in the provision of dental services and any issues relating to the delivery of general dental services in Tameside.	A, B	Informal Meeting by Scrutiny Panel Meeting 17 th November 2004	Scrutiny Panel	
9	Meet with Representatives from the Local Dental Committee to discuss the operation of the General Dental Service.	A, B	Informal Meeting by Scrutiny Panel Meeting 17 th November 2004	Scrutiny Panel	
10	Consult with local General Dental Practitioners to ascertain their views about NHS dental provision and why dentists are leaving the NHS.	A, B	By Scrutiny Panel Meeting 17 th November 2004	Diana Paver (Scrutiny Support Officer)	
11	Produce information about the hospital dental service regarding access and availability of hospital dental services.	A, B	By Scrutiny Panel Meeting 17 th November 2004	Diana Paver (Scrutiny Support Officer)	
12	Write letter from Chair of the Panel to the letters pages of the Reporter/Advertiser asking for the views of members of the public and collate responses.	D	By Scrutiny Panel Meeting 17 th November 2004 <ul style="list-style-type: none"> Letter to be sent by 25/08/04 Collate responses for meeting on 17/11/04 	Diana Paver (Scrutiny Support Officer)	
13	Consultation with members of the Citizens 2000 Panel.	D	By Scrutiny Panel Meeting 17 th November 2004 <ul style="list-style-type: none"> Questions by 27/08/04 Top Line results by 01/11/04 	Diana Paver (Scrutiny Support Officer)	
14	Produce information about access and availability of NHS dental services and oral health promotion/education schemes in other local PCTs.	C	By Scrutiny Panel Meeting 17 th November 2004	Diana Paver (Scrutiny Support Officer)	
15	Produce draft report and identify conclusions and recommendations	ALL	Scrutiny Panel Meeting 17 th November 2004	Diana Paver and Muna Clough (Scrutiny Support Officers)	
16	Agree final report	ALL	Scrutiny Panel Meeting 15 th December 2004	Scrutiny Panel	

Anticipated agenda for Scrutiny Panel meetings

Date of Scrutiny Panel Meeting	Item	Lead Panel member and/or Scrutiny Support Officer
Wednesday 22nd September 2004	Meet with Colette Bridgman, Consultant for Dental Public Health, Tameside and Glossop PCT	Scrutiny Panel
Wednesday 13th October 2004	Meet with Delphine Gratrix, Clinical Director, Community Dental Services, Tameside and Glossop PCT	Scrutiny Panel
	Meet with Oral Health Promotion Officers	Scrutiny Panel
	Feedback about any LEA involvement in oral health promotion in schools	Diana Paver
	Feedback from meeting with representatives of Sure Start schemes in Tameside	Diana Paver and relevant member(s)
Wednesday 17th November 2004	Feedback from meeting with Brian Durgan, General Dental Practice Adviser	Diana Paver and relevant member(s)
	Feedback from meeting with Representatives from the Local Dental Committee	Diana Paver and relevant member(s)
	Feedback from consultation with local General Dental Practitioners	Diana Paver
	Feedback information from hospital dental service	Diana Paver
	Feedback results from consultation with Citizens Panel	Diana Paver
	Feedback information received from members of the public	Diana Paver
	Feedback information from other PCTs	Diana Paver
	Identify conclusions and recommendations	Scrutiny Panel
Wednesday 15th December 2004	Approve final report	Scrutiny Panel