

KEY THEMES OF THE ORAL HEALTH IMPLEMENTATION STRATEGY FOR BIRMINGHAM EAST AND NORTH PCT

Background

Having benefited from a fluoridated water supply since 1963 child oral health is better in this PCT than similar areas. However, children in some parts of the area covered by Birmingham East and North PCT have relatively poor oral health in comparison to more affluent parts of Birmingham. The latest published data (2005/6) shows that round 35% of children in the area covered by old Eastern Birmingham PCT had active dental decay at the age of five years, whereas only 22 % had active dental decay at the same age in the area covered by the old North Birmingham PCT.

More recent, unpublished data collected in 2007/8 demonstrates the inequality even more starkly. In 8 schools in old North PCT area, less than 10% of children had active dental decay at the age of five (This equates to between zero and three children per school) There were no schools with such a good record in the old Eastern area. However, in this area more than 40% of children had actively decaying teeth at the same age with 52 children being affected in one school alone) . Only one school in the old North area had a similar percentage of children with actively decaying teeth and in this school only a small number of children consented to the survey examination.

In addition, nationally, people over the age of forty have many restored teeth repaired at the time when dental disease was much more common. These teeth now often need complex care to maintain them and public expectations have risen over the years, so that tooth loss is no longer the norm it once was.

The National Adult Dental Health surveys have found that the level of gum disease is high in the population with between 40% and 60% of adults over the age of twenty five suffering from measurable periodontal disease.

More seriously, the prevalence of oral and pharyngeal cancer is rising nationally particularly amongst people in middle age and is now as common as cervical cancer.

Finally, the number of people who are apparently quite well, but who have significant medical histories which complicate dental treatments are rising and the numbers of frail elderly and disabled people is also increasing. These groups do not always access the care they need.

Current Position

Primary Dental Care

There are 56 General Dental Practices and 7 salaried Personal Dental Service clinics in the BEN area. Several of the General Dental Practices are very small with between one and two practitioners sometimes working part time.

With the introduction of the new NHS dental contract in 2006, five contracts were given up in North Birmingham PCT with a net value of £240k. In Eastern PCT area all the contracts were taken up. The money released in North was used to;

- Award a GDS contract to a Dentist who had set up in Sutton Coldfield after the base period.
- Enhance the contract of an orthodontist who had enlarged his practice after the end of the base period.

The contracts given up represented 4,000 registrations. The new GDS contract equates to 2,500 old style registrations and this contract has performed well. It should also be noted that during the first year, a large PDS contract in Sutton Coldfield, worth £960k with 15000 registrations, was terminated by the contractor. After a tendering process, new contracts were awarded, the largest element of which involved a creating a new practice in Sutton Town centre. This has not yet achieved the contracted level of activity. Since then another large practice in Mere Green has terminated (3,600 registrations). There has not yet been offered to the market as there still is unused capacity in Sutton Coldfield.

In 2008 the PCT has benefited from additional central funding for dentistry. This funding will support the service transformation proposals outlined below.

Practices have been supported to develop clinical governance and a clear framework for this is followed. However, there has been widespread disaffection amongst the dental profession related to the introduction of the new GDS contract. Many dentists feel that the measure for assessing activity if applied without modification runs counter to a drive to improve quality.

Patients comment that although they may be able to find an NHS dentist they are not always sure they will receive the quality of care they want and sometimes feel that this can only be provided under private contract. In addition, patients develop a loyalty to their 'own' dentist and in this area many have been prepared to stay with their practitioner when that dentist has changed to a solely private contract rather than seek care from someone else who they do not know. Also patients say they are confused about what is available under the NHS and what is not.

Secondary Care

This is mainly provided by Birmingham Dental Hospital and Heart of England Foundation Trust. (Oral cancer services are provided also by University Hospital Trust.) There has been concern for a considerable time about inappropriate referrals to secondary dental care services. This concern has increased since the introduction of the contract and although there is little hard data to support this, the anecdotal evidence is coherent and consistent.

Oral health promotion

There is a small oral health promotion programme in BEN mainly aimed at young children. This programme is managed by an oral health promotion co-ordinator who works for three days a week across the three Birmingham PCTs. Although the Health Visiting service and Children's Centres have been enthusiastic about promoting oral health and had some support in delivering oral health promotion, this has been necessarily limited and does not adequately cover the range of issues which needs to be addressed if oral health is to improve in the PCT area across all client groups.

Work Force

Birmingham has been heavily dependant on Birmingham Dental School to supply dentists in the area. This school is the only one in the Midlands but the building shared with the Dental Hospital is in a poor state. Recruitment to both academic and senior NHS posts is difficult and the geographical isolation from the university campus is an issue with regard to both teaching and research.

Key Themes for Change

1. Oral Health Improvement

In order to properly address inequalities and mesh the oral health programme with general health promotion activity, the current programme should be extended to implement a common risk approach in collaboration with other health promoting programmes e.g. smoking cessation. This will ensure that GPs are integrated into promoting general health, in particular smoking cessation and tackling obesity and these health promoting programmes will participate more fully in oral health promotion.

A new programme replacing the old school inspection scheme must also be developed. There is potential for linking this new programme, focussed on actively appointing children with a dentist by using a call centre, to earlier work with children's centres and health visitors. This scheme needs to be properly worked up, piloted and evaluated.

In addition to all the above, a public communication programme using both new and old technologies should promote dental attendance in the PCT area.

2. Improving quality in General Dental Practice

A practice accreditation scheme based on setting clear standards for General Dental Practice, improving treatment planning, setting oral health goals for patients and participating in promoting oral and general health is being considered in BEN. This scheme could be monitored both qualitatively and quantitatively. At its heart is the development of a systems approach to quality improvement, building trust between patients and their dentist and dentists and the PCT.

In parallel, with this initiative, patient safety, including the implementation of the emerging guidance on infection control and the registration of practices with the Care Quality Commission will need to be addressed. This will necessitate consideration of dental services in the context of the development of the overarching primary care infra-structure.

3. Developing intermediate referral services

Inappropriate referrals could partly be tackled by the quality scheme outlined above, but where patients genuinely need a higher level of care or skill than generally available in primary dental care, but do not fulfil the criteria for acceptance at secondary care service, intermediate care services should be developed. The first area for this style of service will be for patients who by virtue of disability, medical history, dental phobia or mental illness cannot easily be seen in General Dental Practice. Funding has been identified to develop services for these client groups, including developing dentists with special interests supported within a clinical network potentially led by a new consultant.

Within the next five years intermediate care services for the treatment of gum disease, root canal disease and intermediate oral surgery services are expected to be developed too.

4. Developing clinical networks

All of the above will be developed within the framework of developing clinical networks to ensure proper communication, quality of care and skill mix.

5. Access

It is expected that all of the above will in themselves improve access to services, but in addition the commissioning team will continue their programme of tendering for additional units of dental activity to increase capacity within the general dental service.

6. Workforce

In order to underpin all aspects of the survey attention needs to be paid to maintaining the dental workforce. Birmingham Dental School is the only dental school in the Midlands and its current building is no longer fit for purpose. The PCT will need to consider how this situation can be addressed during the strategic period. In addition consideration will need to be given in conjunction with the workforce Deanery about the training and continuing professional development of the whole dental team, with particular consideration given to continuing professional development for Professionals Complementary to Dentistry who now need to be registered with the General Dental Council.

Conclusion

This paper gives a broad overview of the themes that are being pursued in the development of the oral health strategy, much more detail is available and this will be discussed over the summer with key stakeholders to identify issues, resolve problems, and gain support from professionals, patients and the public.

Following this consultation the full strategy will be presented to the PCT in autumn 2008.

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