

Choosing Oral Health

Oral Health Needs
Assessment

&

Commissioning
Intentions **for**

Mid Essex PCT

2008 & Beyond



Contents

- 1 Background & Purpose
- 2 Introduction
- 3 Dental Budget
- 4 Scope of Needs Assessment
- 5 Demographic Data
 - 5.4 Population Growth/Projections
 - 5.5 Current Age profile
 - 5.6 Future Age profile
 - 5.7 Ethnicity
 - 5.8 Migrant Workers
 - 5.9 Homeless
 - 5.10 Gypsies & Travellers
 - 5.11 Life Expectancy
 - 5.12 Indices of Multiple Deprivation
 - 5.13 Disability Living Allowance
 - 5.14 Permanently sick and disabled
 - 5.15 Historical Dental Registration
 - 5.16 Dental Health Status
- 6 Current Dental Services
 - 6.1 General Dental Services
 - 6.2 Availability of GDS
 - 6.3 Commissioned Dental Activity
 - 6.4 Access to NHS Dental Appointments
 - 6.5 Waiting times for GDS
 - 6.6 Number of Patients seen by Dentists in Mid Essex
 - 6.7 Specialist Dental Services in Primary Care
 - 6.8 Orthodontic Activity Commissioned in Primary Care
 - 6.9 Waiting Times for Orthodontic Services
 - 6.10 Location of current GDS services
 - 6.11 Essex Standards for access to NHS dental care
- 7 Unscheduled care
- 8 Salaried Dental Service
- 9 Dental Workforce
- 10 Patient Flows
- 11 Specialist Dental Services in Secondary Care
- 12 Identification of Demand
- 13 Summary of Findings
- 14 Vision for Future
- 15 Financial Assumptions**

1. Purpose

1.1 The purpose of this document is to outline evidence and data that will support the assessment of the current and future oral health care needs for the population living within the boundaries of Mid Essex PCT in a systematic manner, and to outline the vision for the future commissioning of dental services.

2. Introduction

2.1 In April 2006, the Department of Health (DH) implemented a number of changes to primary care dentistry which included:

- The introduction of a new contract for both General Dental Services (nGDS) Practices and Personal Dental Services (nPDS) Practices.
- New powers for Primary Care Trusts (PCTs) to plan and commission services in their local area supported by the devolution of primary care dentistry budgets to PCTs.
- New responsibilities for PCTs to ensure that patients seeking dental care in their area have access to appropriate services.
- The introduction of new simplified system of patient charges.
- The implementation of National Institute of Excellence (NICE) guidelines on recall intervals for patients.

2.2 In December 2008 the Department of Health published “The Operating Framework” which outlined the national priorities for 2008/09. One of the priorities tasked PCTs with ensuring there were robust commissioning strategies for dental services and improving access. This Guidance together with the “Commissioning NHS Primary Care Dental Services: Meeting the NHS Operating Framework Objectives” outlined the need for PCTs to clearly demonstrate their commitment to maintaining and expanding NHS dental services and increasing access year on year.

2.3 The PCT is committed to developing and expanding NHS dental services and has implemented the new Dental Contract of 2006 and intends to improve local access by securing access to NHS dentistry on an equitable basis. One of the pledge’s within the East of England Strategic Health Authority’s Strategy [Improving Lives, Saving Lives December 2007] states “We will ensure NHS dentistry is available to all that want it”. As at September 2007, 60.3% of the Mid Essex population were recorded as been seen by a NHS dentist and the PCT has been targeted with increasing the number of patients by 4% within the next two years with the intention of

increasing access year on year. Therefore PCT's financial allocation for 2008/09 for primary dental services has been significantly increased by 11% to address the inequities in service and improve access for patients. The Department of Health has announced that this funding will continue to be ring-fenced until 2011.

- 2.4 Primary Care Dental Services are purchased by Units of Dental Activity [UDAs] or Units of Orthodontic Activity [UOAs]. The PCT commission activity from local dental providers and then the activity is recorded via the Business Services Authority [Dental Practice Division] who processes the claim forms. When there is under performance on activity the PCT continues to re-commission this activity.

3. Dental budget

In 2006/07 the former PCTs that now comprise Mid Essex PCT received a commissioning budget allocation of £16,885m (2006/07). The DH also set the PCT a target of 563,270 units of dental activity (UDA) to be commissioned using this budget with a set target for patient charge revenue (PCR) of £5,775m, which is netted against the overall budget.

The 2008/09 financial allocation for dental services is:-

Resources available for 2008/09	£
Allocation: 9.7% uplift from indicative base	19018,000
Indicative PCI allowance in allocation	-5989,000
Allocation of balance from East of England SHA	296,000
TOTAL	13,325,000
Growth Funding Year on Year	1,766,058

In noting the financial allocation available for 2008/09, it should be noted that the 2.3% increase in pay for dentists, has to be met from these funds.

4. Scope

- 4.1 This oral health needs assessment has been undertaken in order to assess the needs of the general population living within the boundaries of Mid Essex PCT, in terms of:

- Access to general dental services; and
- specialist dental services for all sectors of the population

It should be noted that as the dental health needs for the prison population is unique and specific, and is commissioned under a separate Service Level Agreement with the Mid Essex Salaried Dental Services.

5. Demographic Data

To support the vision for future commissioning the following data sets were taken into consideration:-

- a) Identification of current and future population needs
 - i) Demographic profile, population growth
 - ii) Socioeconomic profile
 - iii) Dental public health indicators

- b) Mapping current service provision
 - i) General Dental Services
 - ii) Access to NHS Dental Appointments
 - iii) Number of Patients seen by dentists in Mid Essex
 - iv) Specialist Services commissioned in Primary Care
 - v) Essex Standards for Access to dental care
 - vi) Commissioned Dental Activity
 - vii) Unscheduled Care
 - viii) Salaried Dental services
 - ix) Domicillary Visits
 - x) Dental Workforce
 - xi) Patient Flows

- c) Specialist Services provided in Hospital

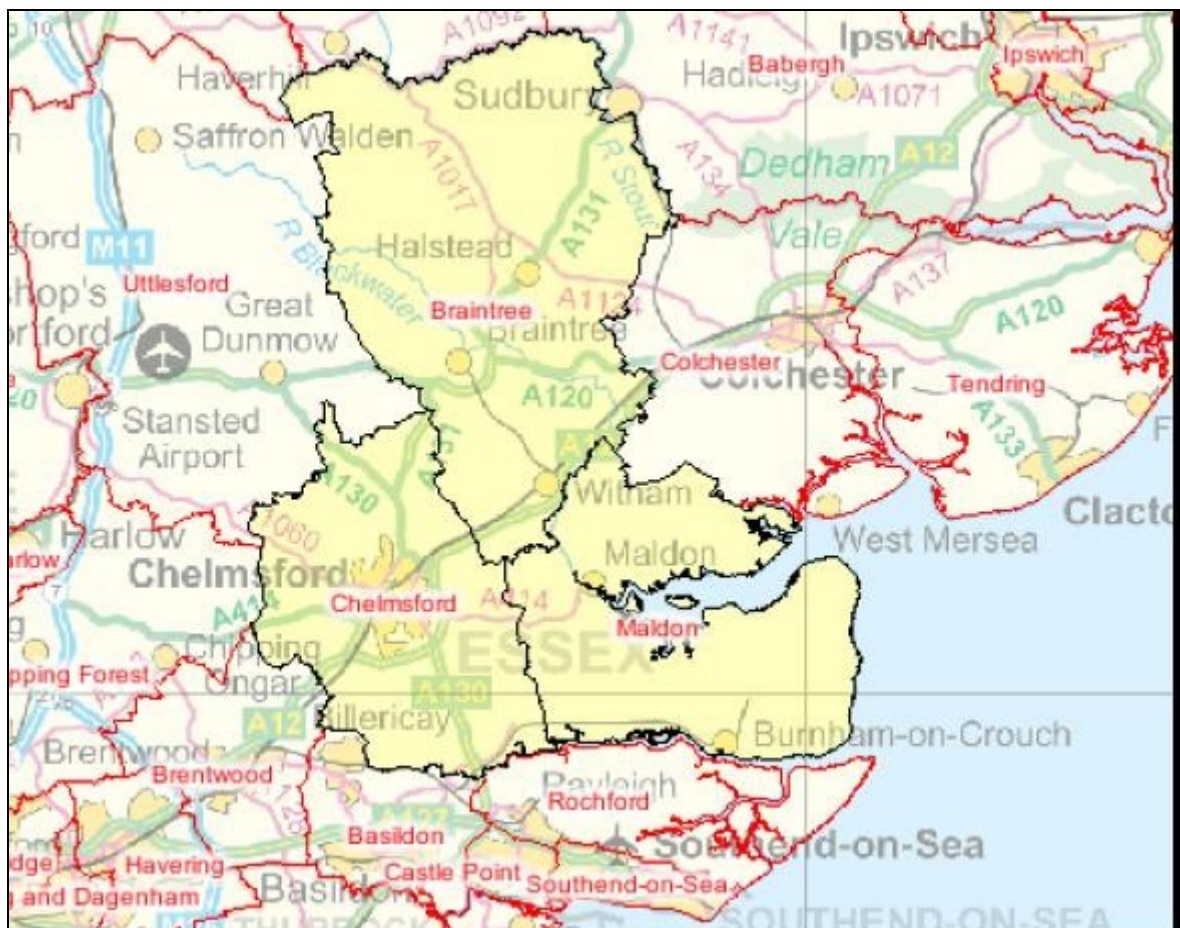
- c) Identification of demand
 - i. Patient Advice Liaison Service (PALS)
 - ii. NHS Direct
 - iii. Patient and Public Involvement Forums
 - iv. Patient and Public representative organisations

5. 1 Identification of current and future population needs

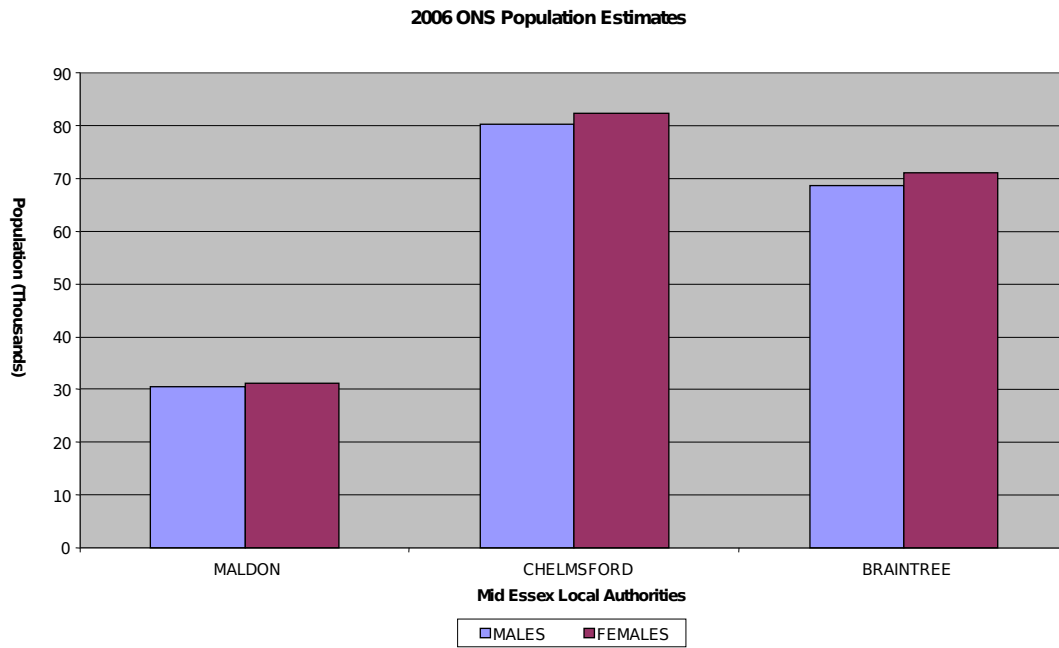
5.1.1 Demographic profile

- The total population of Essex was estimated at around 1,670,000 in 2006, of which 21.7% live in Mid Essex PCT.
- There are 3 local authorities that sit within the boundaries of Mid Essex PCT:
 - Maldon
 - Chelmsford
 - Braintree

The map below outlines the Mid Essex PCT area by the 3 Local Authorities within Mid Essex.

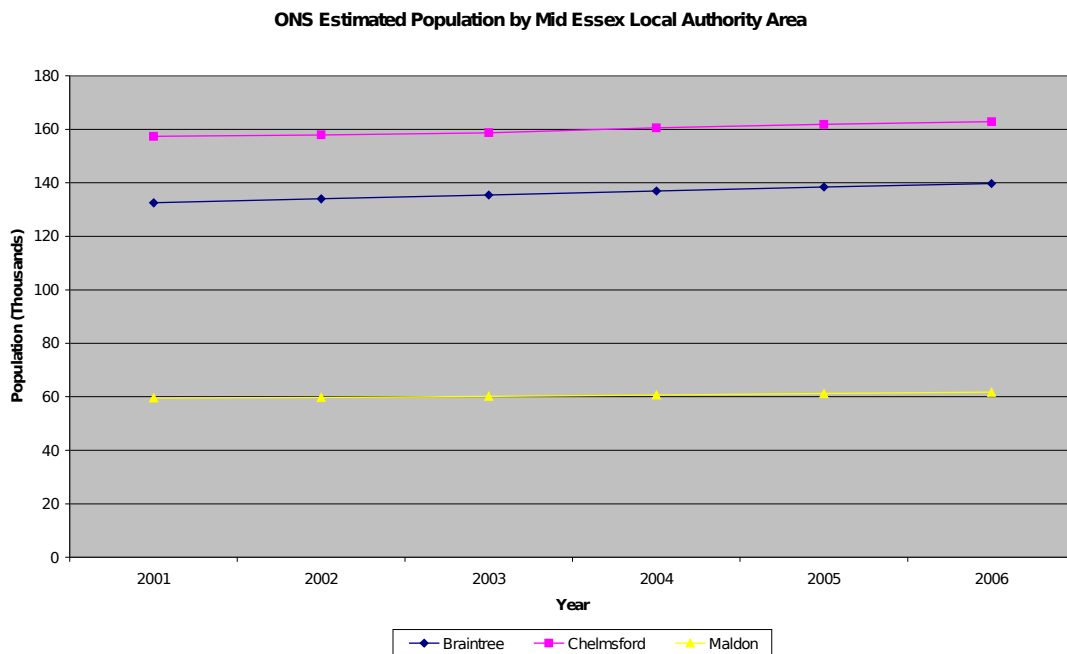


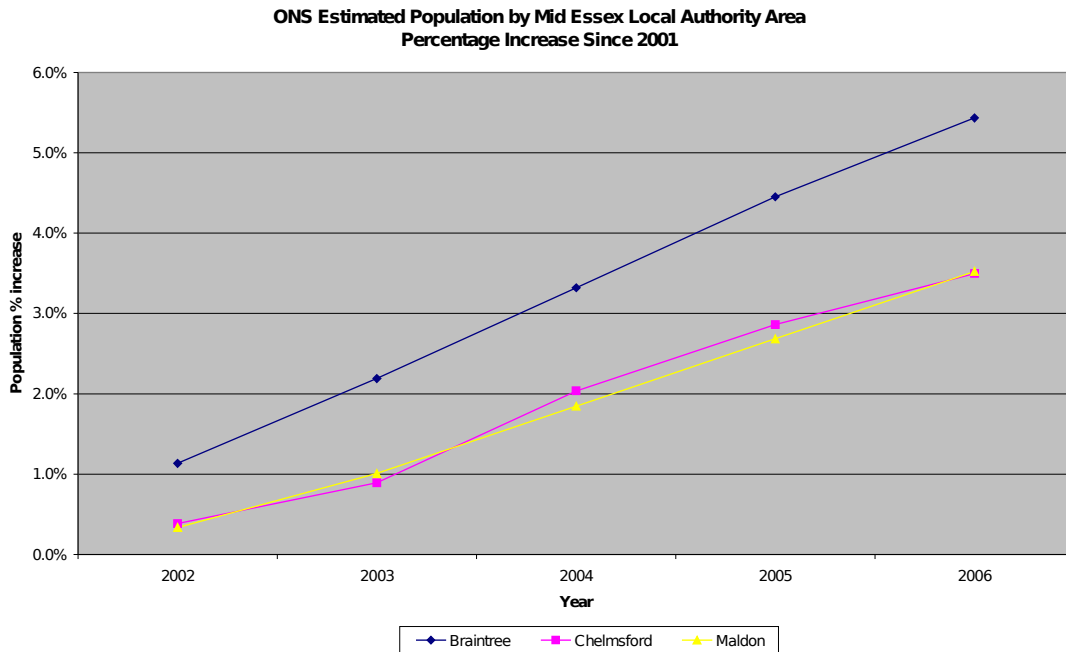
5.2 Population Estimates



- The district of Chelmsford has the largest population.

5.3 Current population growth 2001-2006 ONS





Braintree has grown the most, both in terms of population and percentage increases.

5.4 Projected population growth 2004-2029 ONS & ARU

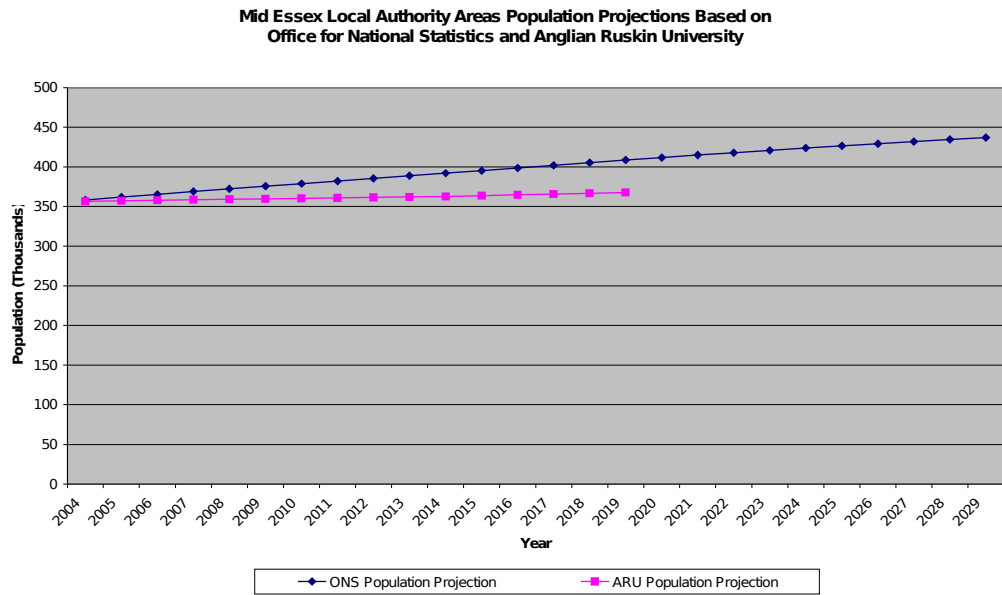
There are two 'versions' for future population projections:

- Office of National Statistics (ONS)
- Anglia Ruskin University (ARU)

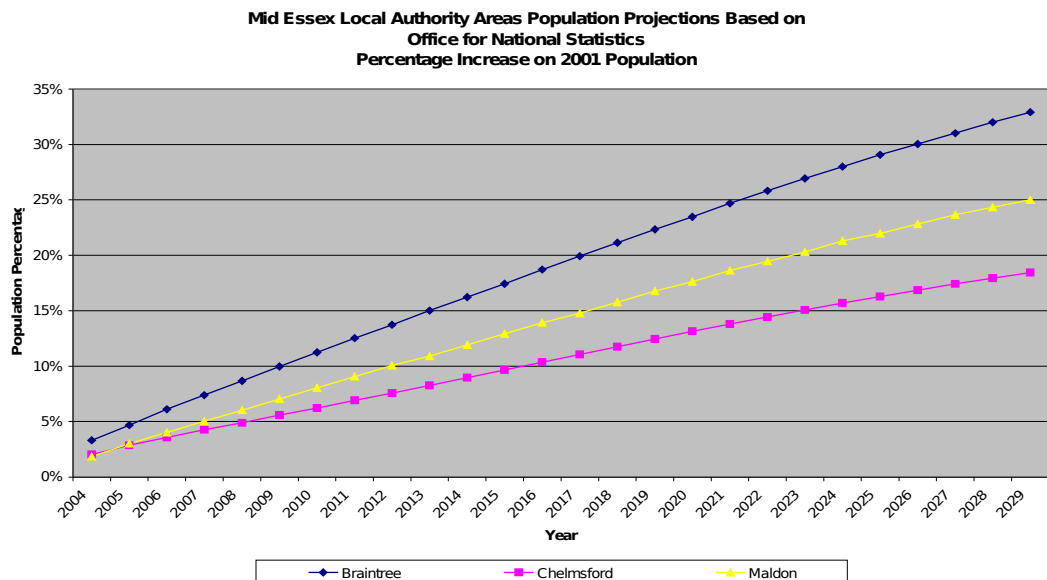
It should be noted that the differences between the two versions are:

- ONS projections assume growth in accordance with national picture
- ARU projections are based on locally collected data on electoral registers, school children and local planning knowledge. Therefore, the ARU projections are felt to be a more reliable estimate of the future population projection.

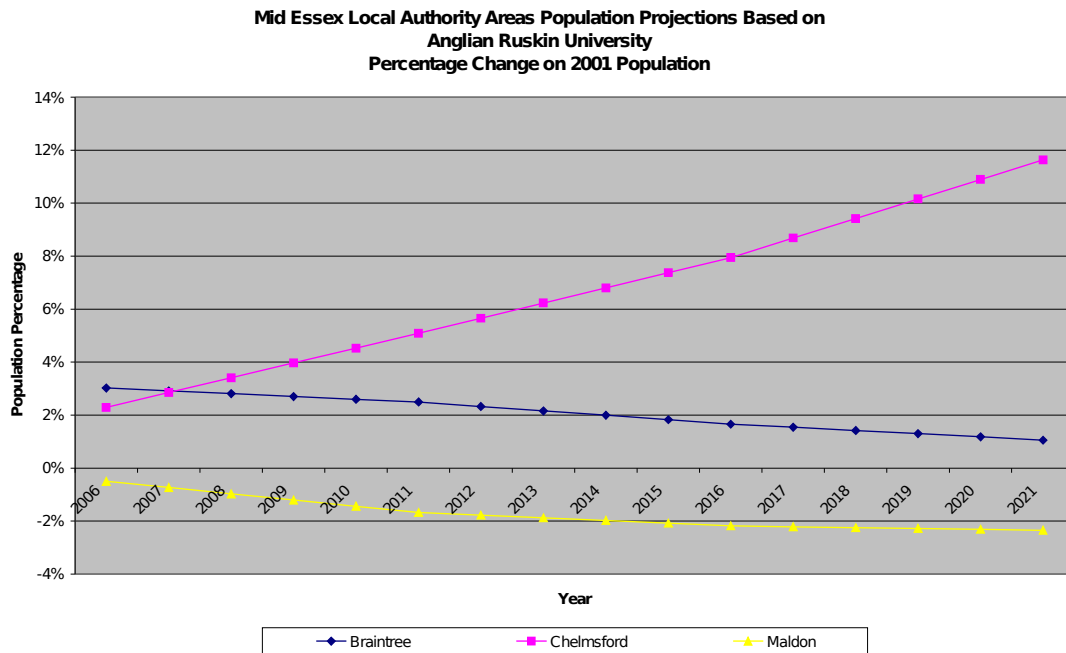
5.4.1 Population Projections – Anglian Ruskin University



5.4.2 Population Projections – Office for National Statistics



5.4.3 Population Projections, 2001 Population – Anglian Ruskin University



The National projection suggests that:

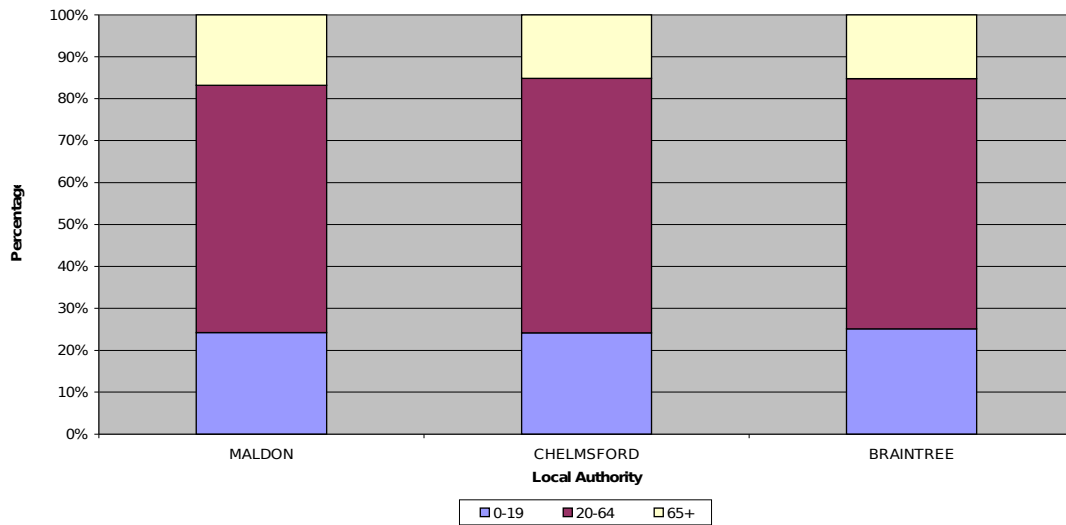
- Braintree’s growth will outstrip Maldon and Chelmsford.

The local projection suggests that:

- Population increment will not be as high as nationally projected.
- Maldon and Braintree will see a decrease in the population figure.
- Chelmsford’s population will grow by nearly 10% from 2006 – 2021.

5.5 Current age profile

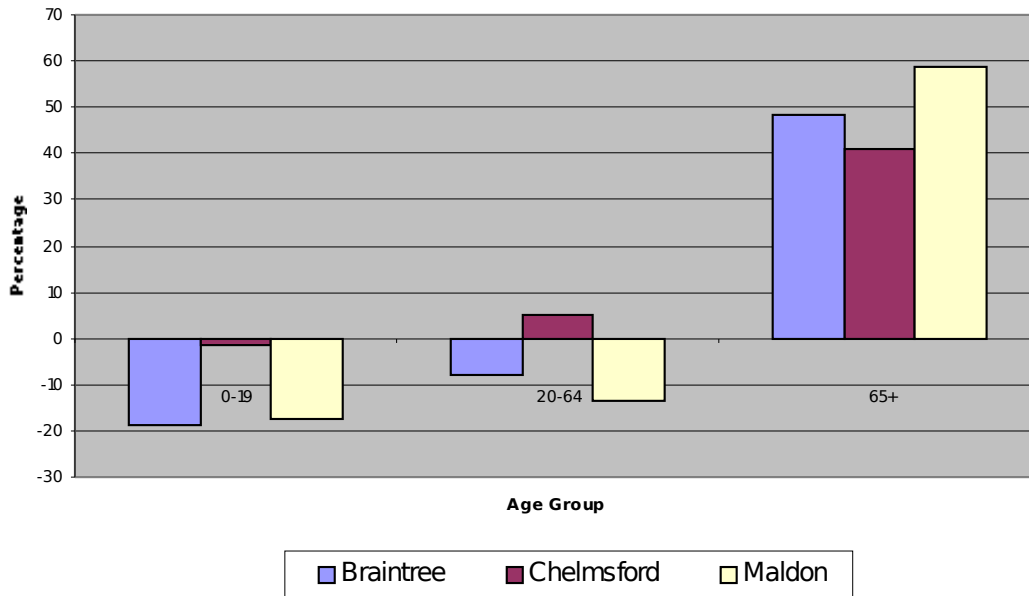
2006 ONS Estimated Populations Percentages
by Selected Age Groups for the Mid Essex Local Authority Area



- The average age for residents living in Mid Essex PCT is 40 years (national average is 39)
- The age profile for all areas is similar.

5.6 Future age profile

Predicted Percentage Change by Broad Age Group between 2006 and 2021
Regional Spatial Strategy, Anglian Ruskin University

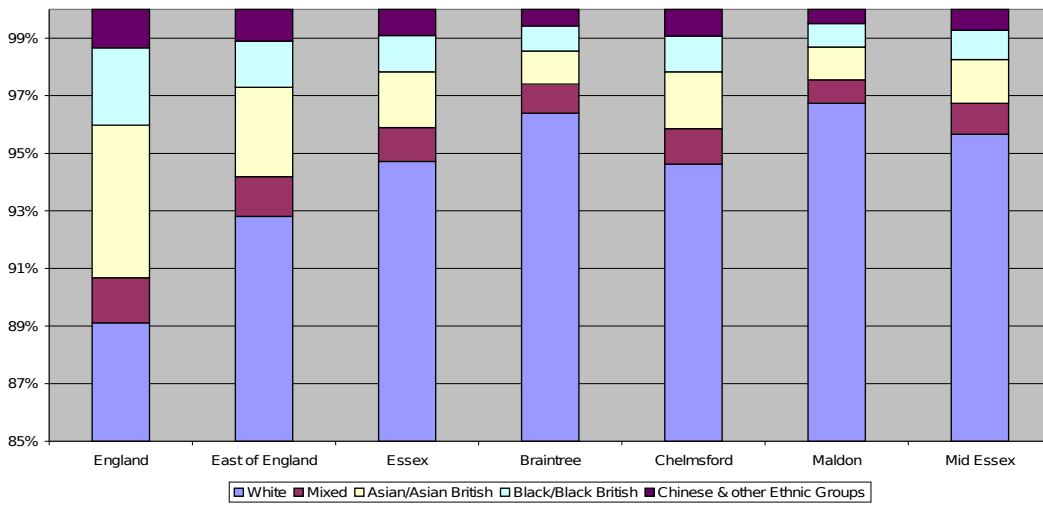


Forecast to age considerably with:

- low birth rates
 - a high outflow of young people
 - a higher than average proportion of older people
- All localities will see a reduction in the 0-64 age group with the exception of Chelmsford
- All localities will see an increase in the 65+ age group, with the highest increase being observed in Maldon

5.7 Ethnicity

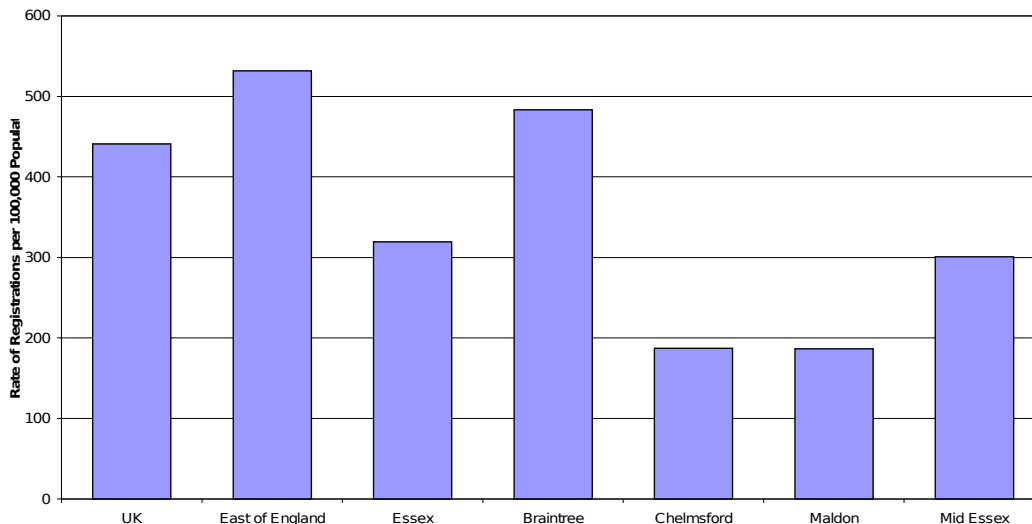
2005 ONS Experimental Statistics
Ethnicity



- The proportion of black and ethnic minorities in Mid Essex PCT is lower than that of the whole county, region and country.
- Maldon and Braintree are similar in their ethnic make-up of the population.
- Chelmsford hosts:
 - smallest white population (also lower than the county's average)
 - largest Black and Ethnic minority population within Mid Essex PCT

5.8 Migrant workers

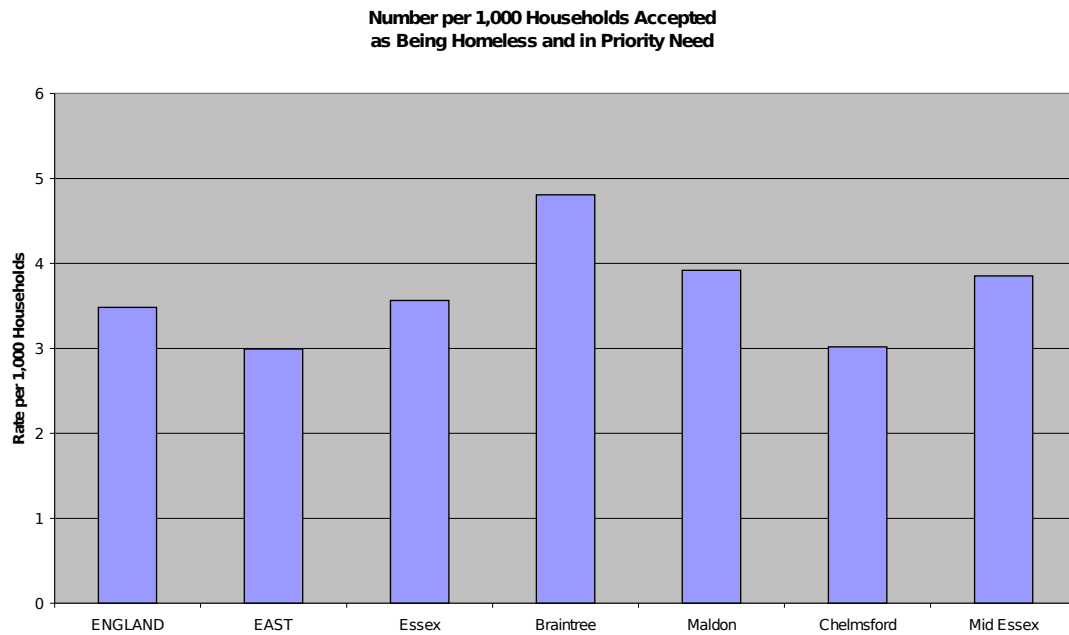
Migrant Worker Registrations 2006/2007 Rate per 100,000 Population



- There has been a rapid rise in migrant workers in the region.
- Migrant workers are not included in population estimates or projections.

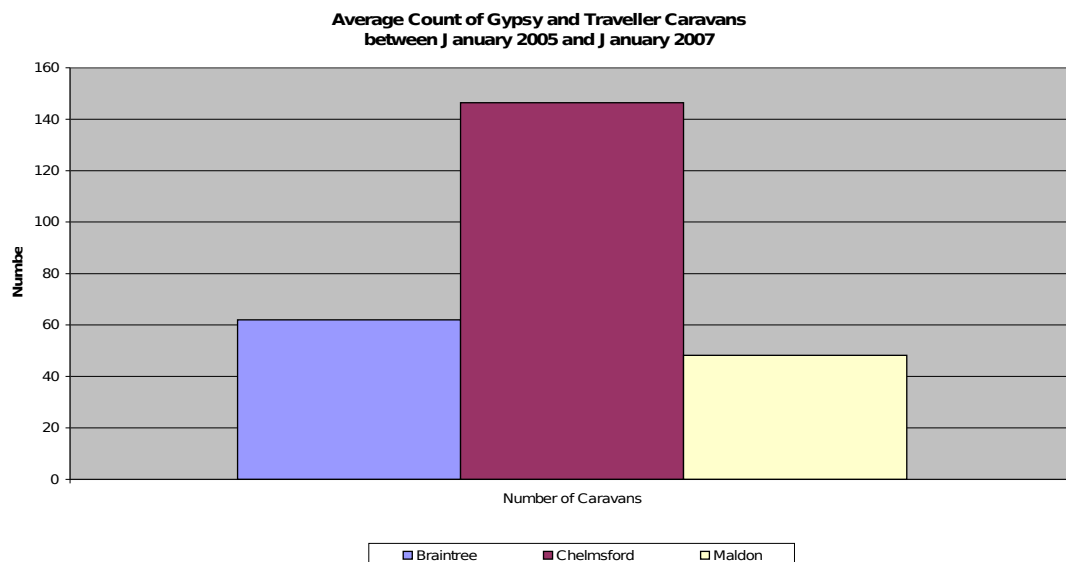
- Most of the migrant workers are concentrated in the district of Braintree (outstripping the country, county and PCT's average).

5.9 Homeless



- Braintree hosts the largest homeless population in Mid Essex PCT.
- Homeless population in Braintree and Maldon exceeds the PCT, county, region and country's average.

5.10 Gypsies and travellers



- Chelmsford hosts the largest proportion of gypsies and travellers.
- The location of the main gypsies and travellers sites are:

Braintree

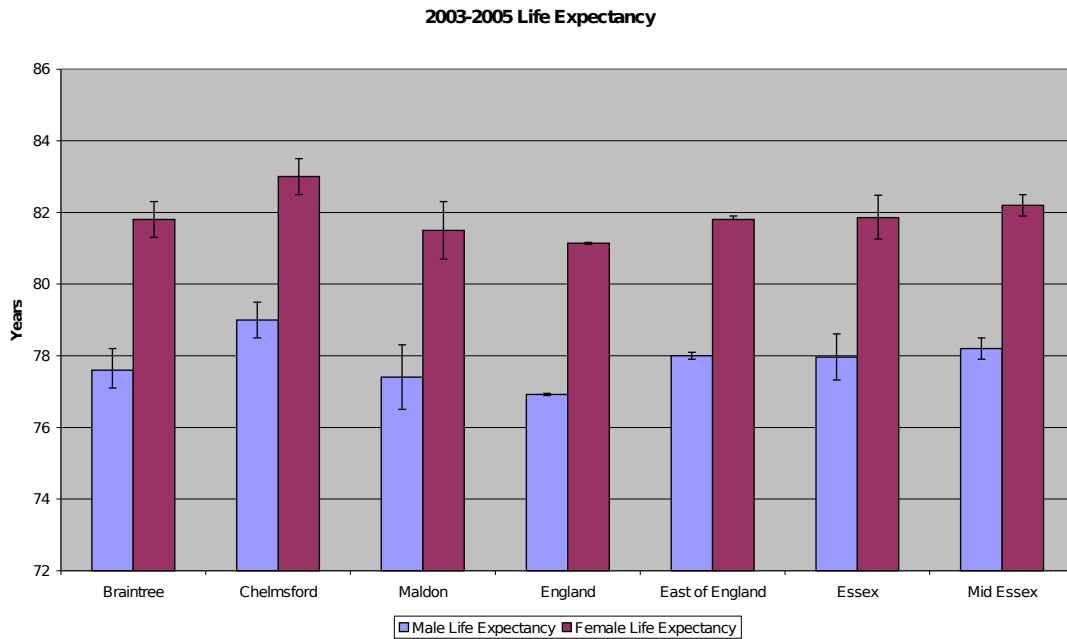
Sandiacres, Cressing & Yeldham Road, Ridgewell

Chelmsford Cranham Hall Caravan Site, Little Waltham & Ladygrove Caravan Park, Writtle

Maldon Woodcorner Caravan Site, Woodham Walter &
Brickhouse Road Caravan Site, Tolleshunt Major

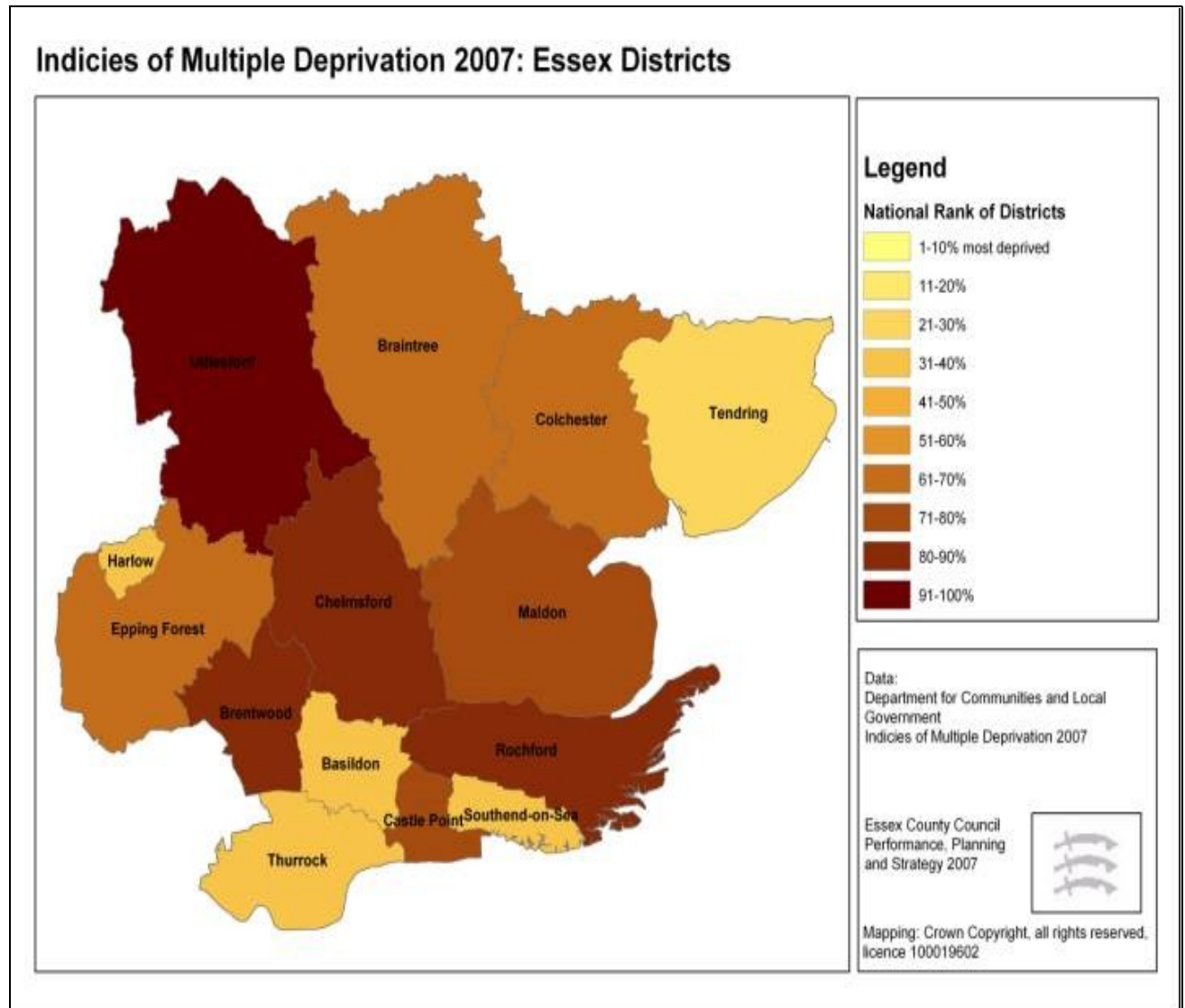
- ❖ Life expectancy for Gypsies and Travellers is 10 to 12 years less than that of settled population.
- ❖ Nearly 33% suffer from some form of disability or long-term illness (Brown et al 2007)

5.11 Life expectancy



- Average life expectancy for residents living in Mid Essex PCT is above the national and regional averages.
- Chelmsford: highest life expectancy (higher than national, regional and county average).
- Maldon: lowest life expectancy when compared to the county and regional average.
- Braintree & Maldon: men live a shorter life when compared regionally.

5.12 Socioeconomic Profile



Local Authority	Regional Rank (IMD)
Braintree	24
Maldon	27
Chelmsford	41

- Braintree: most deprived
- Chelmsford: most affluent

The seven most deprived wards in Mid Essex PCT are:

- Chelmsford: Marconi, St. Andrews, Patching Hall
- Braintree: Braintree East, Bocking South, Halstead Trinity, Bocking North

Local Authority	IMD affecting Children Index
Braintree	0.13
Maldon	0.13
Chelmsford	0.12

Wards most severely affected:

- Chelmsford: St. Andrews, Marconi, Great Baddow East, Writtle, Waterhouse Farm, Great Baddow West, Patching Hall
- Maldon: Maldon North
- Braintree: Braintree East, Witham North, Witham Chipping Hill and Central

5.13 Disability Living Allowance [DLA] Claimants

Within Mid Essex Braintree has the highest level of DLA claimants, [matching the regional rate] and both Braintree and Maldon exceed the PCT rate

Wards most severely affected:

- Braintree: Braintree East, Bocking South, Bocking North, Witham West, Witham South, The Three Colnes, Bocking South, Witham West
- Chelmsford: Patching Hall, Marconi, St. Andrews, Waterhouse Farm
- Maldon: Maldon East, Maldon North, Burnham-on-Crouch North

5.14 Permanently sick and disabled

Braintree: highest rate of those permanently sick and disabled (close to regional rate)

Maldon and Braintree exceed PCT rate

Wards most severely affected:

- Braintree: Witham South, Bocking North, Bocking South, Witham South
- Chelmsford: St Andrews, Rettendon and Runwell, Marconi, Patching Hall
- Maldon: Maldon East, Maldon North, Burnham-on-Crouch North

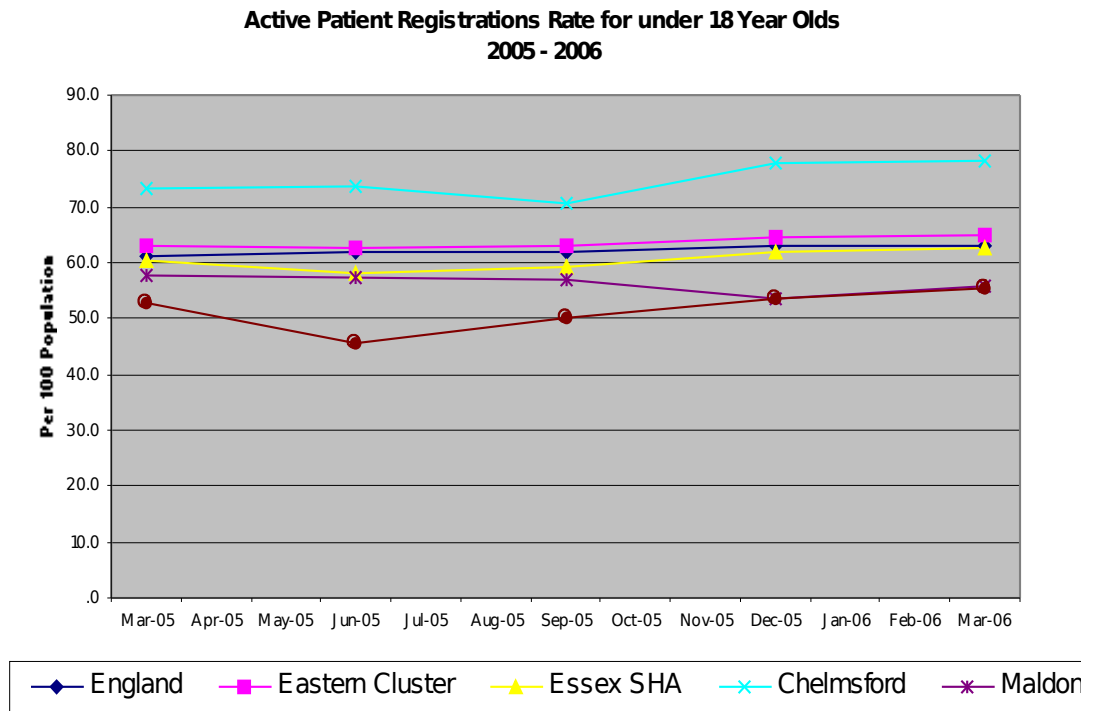
5.15 Dental Public Health indicators

Historical dental registration

- Under the new dental contract, dental registrations are no longer required
- Previous registration figures give an indication of the population that were not accessing dental care

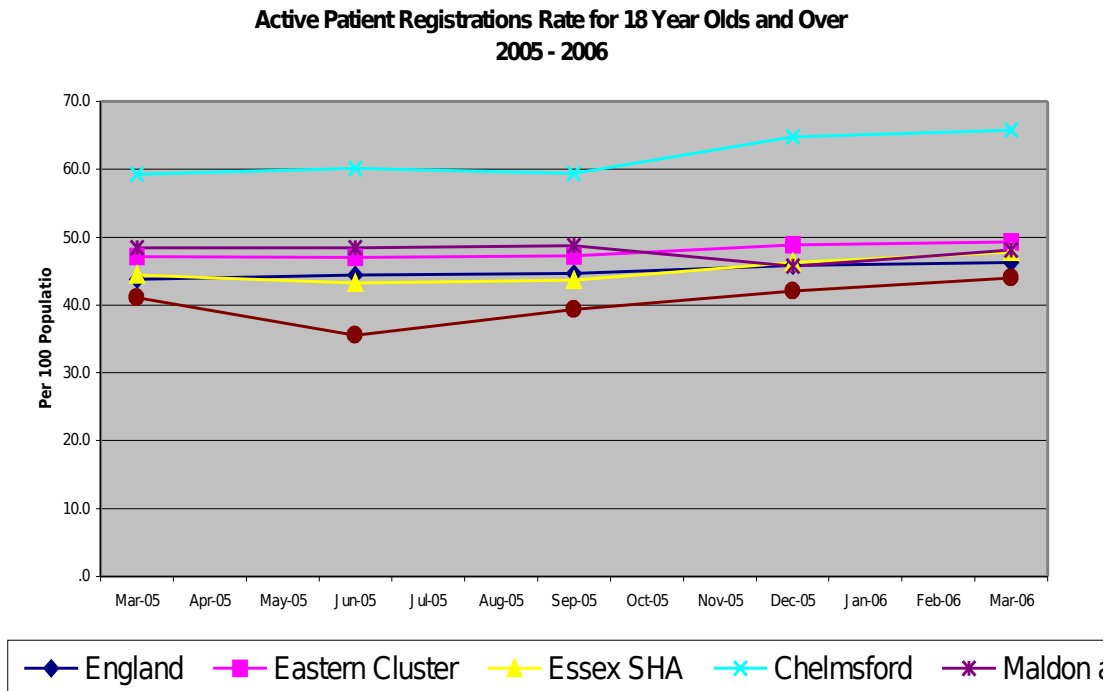
5.15.1 Children

- Chelmsford: above national average
- Maldon and Braintree: below national average



5.15.2 Adults

- Chelmsford: exceeded national average
- Maldon: close to national average
- Braintree: below national average
- A large proportion of the population living in Braintree and Maldon did not access NHS dental care.

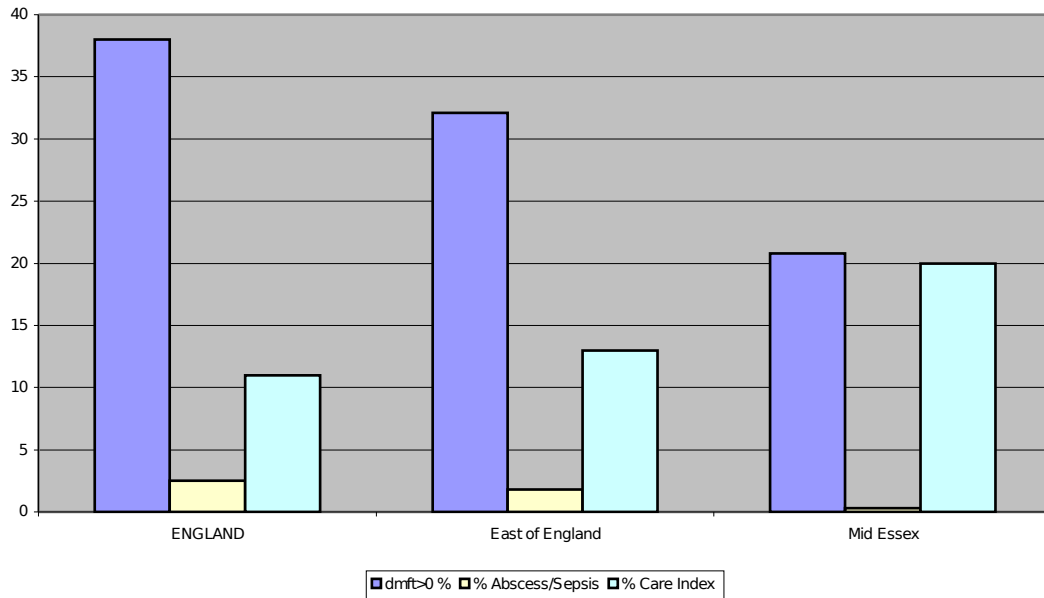


- This could be due to a number of reasons including:
 - A lack of access to appropriate services
 - A lack of understanding to the importance of maintaining good oral health
 - Confusion of the system which could have led to an unwillingness to attend

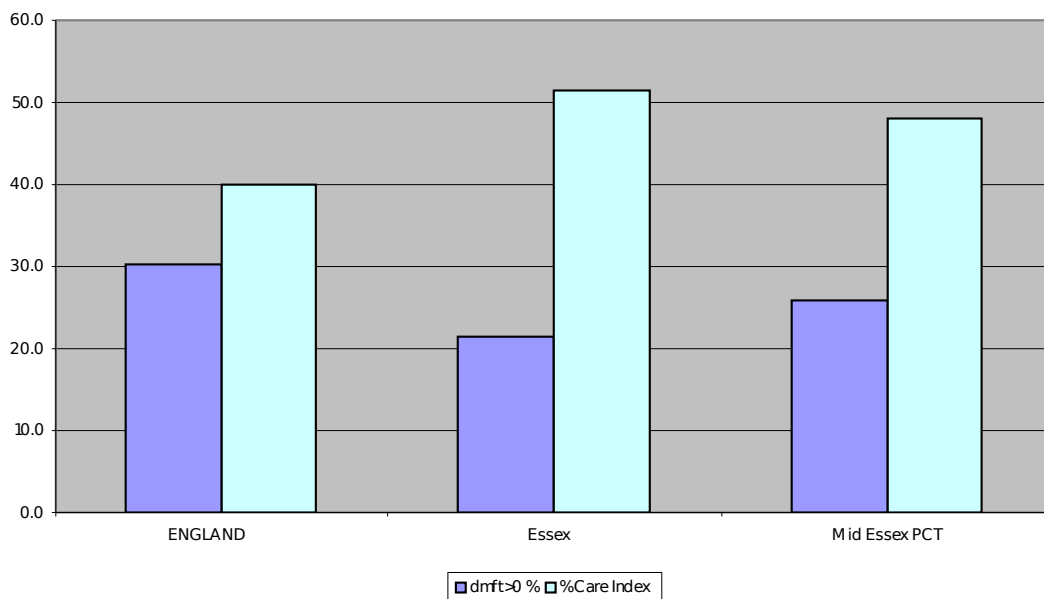
5.16 Dental health status

The tables below show the results of the British Association of Dental Care Data Survey that is undertaken on Children at the age of 5 years, 11 years and 14 years.

BASCD Survey 2005-2006 5 Year Olds



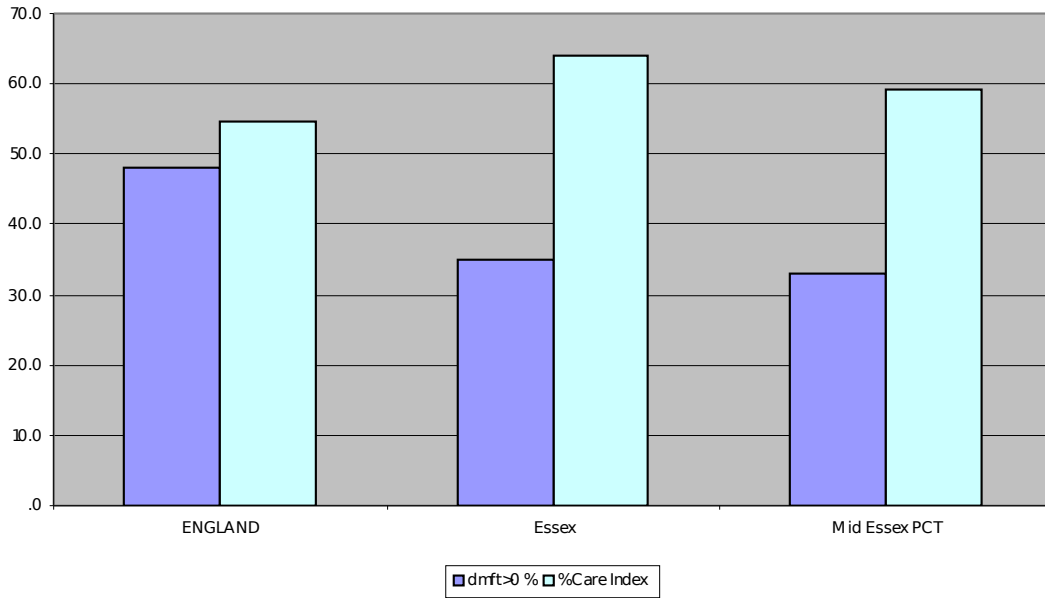
BASCD Survey 2004-2005 11 Year Olds



- The Care Index for Mid Essex PCT has been above the national average for all age groups.

- When compared against the county's average, the Care Index for the 11 and 14 year olds could do better.

BASCD Survey 2002-2003 14 Year Olds



- With the exception of 11 year olds, the burden of dental disease was lower than national and regional averages.

6. Current service provision

6.1 General Dental Services

There are 129 GPs practising from 47 dental practices offering NHS dental services (including orthodontics).

	No of dental practices	No of GPs	GDPs with child only/ selective contracts	No of PDS contracts	No of GDS contracts
Chelmsford	19	59	4	9	7
Braintree	17	44	4	9	10
Maldon	11	26	1	3	9
Mid Essex	47	129	9	21	26

6.2 Availability of GDS:

34 dental practices currently have capacity to accept all categories of new NHS patients and their locations are as follows:

PCT	No of Practices in Locality	No of Practices accepting New NHS Patients	No of Practices taking Emergency Appointments
Chelmsford	19	14	8
Braintree	17	14	10
Maldon	11	6	6
Mid Essex PCT	47	34	24

6.3 Commissioned Dental Activity:

	No of domiciliary units	No of sedation units	UDAs 06/07	UDAs 07/08	UDA/pop 07/08
Chelmsford	19	0	248,374	226,210	1.39
Braintree	19	0	213,965	219,248	1.57
Maldon	0	0	121,110	133,355	2.16
Mid Essex PCT	38	0	583,449	578,813	1.59

6.4 Access to NHS Dental Appointments

The availability of appointments to General Dental Services as at February 2008.

INDICATOR	NO OF GDS PRACTICES IN AREA	ACCEPTING	NOT ACCEPTING	ONLY PRIVATELY
CHELMSFORD				
New Adult Patients	16	16	1	0
Emergency Appointments	17	10	3	0
MALDON				
New Adult	10	6	4	0
Emergency Appointments	10	6	4	0
WITHAM BRAINTREE & HALSTEAD				
New Adult	17	11	4	0
Emergency Appointments	17	8	4	5

6.5 Waiting Times for GDS Services

The Waiting Times for access to General Dental Services as at February 2008 were as outlined below.

	Same Day	Up to 48 Hours	Up to 1 Week	Up to 2 Weeks	Up to 1 Month	Up to 2 months	Over 2 months
Chelmsford							
Waiting Time for emergency Appointment	11	4					
Waiting Time for Routine Treatment		7	6	2			
Maldon							
Waiting Time for emergency Appointment	12						
Waiting Time for Routine Treatment			2		3	5	2
Witham Braintree & Halstead							
Waiting Time for emergency Appointment	14	1					

Waiting Time for Routine Treatment		5	3	6	1		
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6.6 Number of patients seen by Dentists in Mid Essex

There were 149,730 residents of Mid Essex PCT that were treated in 2005-06 (the year prior to the new dental contract). The table below shows the number of residents seen by Dentists in the Mid Essex area during 2006/07 as recorded by the Business Services Authority, indicating an increase on the number of residents seen prior to the new contract.

Number of Patients seen by Dental Practices in Mid Essex 2006 and 2007 by Quarter			
	Adult	Child	Total
March 2006	159,300	55,242	214,542
Percentage of Population	57.1%	68.9%	59.8%
March 2007	162,815	56,526	219,341
Percentage of Population	57.8%	70.5%	60.6%
June 2007	162,399	56,415	218,814
Percentage of Population	57.7%	70.4%	60.5%
September 2007	161,528	56,513	218,041
Percentage of Population	57.4%	70.5%	60.3%

The East of England Strategic Health Authority will be measuring PCTs against the number of residents accessing NHS dental services. 226,763 has been identified as the target for Mid Essex PCT. The PCT will be monitored on a quarterly basis against this target.

6.7 Compliance with Disability Discrimination Act

	Chelmsford	Witham, Braintree & Halstead	Maldon
Access without Stairs/Ground Floor	13	15	7
Wheelchair access	13	N/A	7
Disabled facilities	7	N/A	6

Upstairs Access	6	2	4
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6.8 Specialist Dental Services in Primary Care

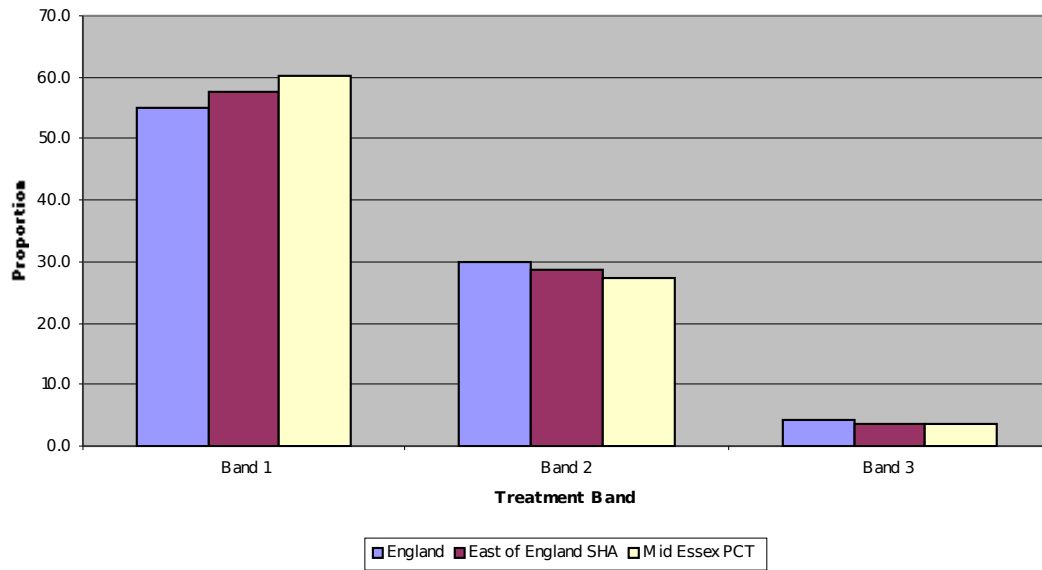
	No of domiciliary units	No of sedation units	UDAs 06/07	UDAs 07/08	UDA/pop 07/08
Chelmsford	19	0	248,374	226,210	1.39
Braintree	19	0	213,965	219,248	1.57
Maldon	0	0	121,110	133,355	2.16
Mid Essex	38	0	583,449	578,813	1.59

6.8 Orthodontic Activity Commissioned in Primary Care

	UOAs 06/07	UOAs 07/08	UOA/pop 07/08
Chelmsford	29,577	32,349	6.43
Braintree	6,356	6,506	1.50
Maldon	186	186	0.10
Mid Essex PCT	36,119	39,041	3.46

N.B. not all children will be suitable for or desire orthodontic treatment. Therefore, a crude measurement of orthodontic need per locality in ME Essex has been worked out at 30% of the 10-17 year old population to include IOTN DHC categories 5, 4 and also Grade 3 with an AC of 6 or above.

**Proportion of Courses of Treatment Performed by Treatment Band
April 2007 to June 2007 (Excluding Orthodontic Activity)**

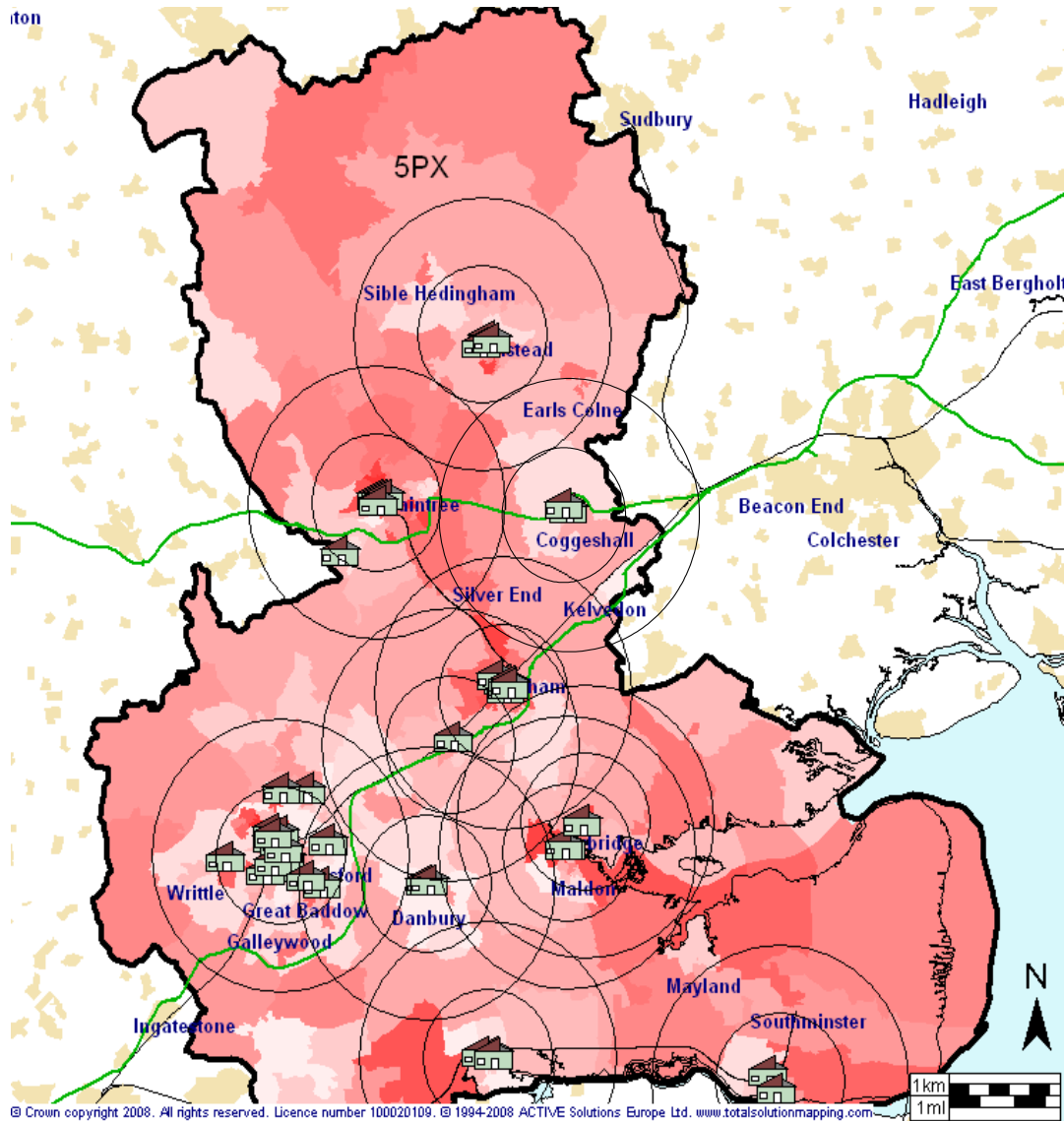


- GPs practising in ME PCT carried out more Band 1 courses of treatment than that nationally and regionally, whilst other bands of dental treatment were below national and regional averages.

6.9 Waiting Times for Orthodontic Services [Primary Care]

Provider	Waiting Time for first Assessment	Waiting Time for Treatment
Orthoworld	4/8 Weeks	10 Months
Broomfield Orthodontic Clinic	4 Months	1 to 2 Weeks
Sharrow, Chelmsford	6/8 Weeks	9/12 Months
Grace Tan, Witham	12/15 Months	6/8 Months
Reg Patel, Braintree	Treat own patients	
Brickfields, South Woodham Ferrers	Treat own patients	
Designer Dental	12 months	3 months

6.10 Location of General Dental Practices with IMD at SOA level with Concentric Rings of 2 and 4 miles



IMD Score Rank

Key	Range
Dark Red	3 to 2167
Red	2168 to 4332
Light Red	4333 to 6497
Very Light Red	6498 to 8662
Lightest Red	8663 to 10827
Very Lightest Red	10828 to 12992
White	12993 to 15157
Lightest White	15158 to 17322
White	17323 to 19487
Lightest White	19488 to 21652
White	21653 to 23817

Locality	2006-2007		2007-2008	
	Units of Dental Activity	Orthodontics	Units of Dental Activity	Orthodontics
Halstead	34917	53	32944	53
Braintree	115919	2843	123423	2788
Coggeshall	3159	0	3113	0
Witham	68463	3460	61524	3610
Chelmsford	248650	29918	257741	31059
Maldon	44655	0	40407	0
South Woodham Ferrers	24094	186	23242	186
Burnham on Crouch	28385	0	29238	0

Local Authority	UDAs	UOAs	UDAs	UDAs/pop	UOAs	UOAs/pop
Chelmsford	248,374	29,577	226,210	1.39	32,349	6.43
Braintree	213,965	6,356	219,248	1.57	6,506	1.50
Maldon	121,110	186	133,355	2.16	186	0.10

6.11 Essex Standards For Access To NHS Dental Care

The following standards were adopted by former PCTs in Essex as being reasonable time for patients to travel, wait for dental treatment.

Definition of clinical priority	Time to Initial Contact	Distance- patient address to place of treatment
Emergency eg excessive haemorrhage, increasing swelling; airway or ocular disturbance; major trauma	Locally agreed Ambulance standards apply	Provided at the nearest A&E department
Urgent eg minor haemorrhage, pain or simple trauma to teeth	With dental practitioner the same day and appropriate treatment anticipated within 24 hours of the initial contact	Maximum of 15 miles
Within surgery hours		
Outside surgery hours	With dental practitioner the next day and appropriate treatment anticipated within 24 hours of the initial contact	Maximum of 15 miles
Routine for patient seeking access to routine dental care	Appointment with dental practitioner within 8 weeks	Maxima of 5 miles urban and 10 miles rural

7. Unscheduled Dental Care

The PCT is responsible for ensuring that appropriate out of hours emergency dental service arrangements are in place for residents of their PCT and in particular for those people who are not registered with a dental practice.

The provision of unscheduled dental care is as follows:

7.1 In-Hours

Mid Essex PCT commissions *Emergency Access Slots* Monday to Friday from practices in the following locations:

- 1 practice in Chelmsford (12 patients per week)
- 1 practice in Hatfield Peverel (12 patients per week)
- 2 practices in South Woodham Ferrers (5 patients per week per practice)
- 1 practice in Maldon (5 patients per week)

Patients are directed to the service via NHS Direct or the PCT.

YEAR	NO OF CALLS IN HOURS		
	CHELMSFORD	MALDON	WBH
April 04 – March 05	28	33	40
April 05 – March 06	40	49	57
April 06 – Sept 06	71	66	104
Oct 06 – March 07 ME PCT	219		

- Residents living in the old WBH Care Trust locality constantly sought more emergency assistance.
- The demand for emergency dental assistance has gradually increased.
- The demand for emergency dental assistance has escalated since the inception of the new dental contract (more than double).

7.2 Out of Hours (OOH)

Weekdays

- Mid Essex PCT has an informal arrangement for dental advice only.
- This service is accessed via NHS Direct.

Weekend

- ME PCT commissions a morning session on Saturday, Sunday and Bank Holidays. Patients are directed through NHS Direct to the dentists on call. Occasionally, additional sessions are commissioned.
- Only two dental practices provide cover at the weekends and bank holidays and they are both based in the Chelmsford locality:
 - 1 practice in Chelmsford
 - 1 practice in Hatfield Peverell

YEAR	NO OF CALLS OUT OF HOURS
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	CHELMSFORD	MALDON	WBH
April 04 – March 05	207	91	174
April 05 – March 06	137	113	192
April 06 – Sept 06	374	244	352
Oct 06 – March 07 ME PCT	958		

- Most of the demand for dental assistance OOH came from residents in Chelmsford.
- The demand for this service has escalated since the inception of the new dental contract (more than double).

8. Salaried Dental Services

The Mid Essex PCT Salaried Dental Service provides dental services as follows:

- Dental treatment to Children and Adults with Special Needs
- Specialised services such as General Anaesthetic and Sedation
- Domiciliary care

8.1 Current workforce:

- 11 members of staff, some of which are employed on a part-time basis with multiple responsibilities.

Position	No	WTE
Clinical Director	1	1
Dental Officer	3	1.2
Senior Dental Officer (domiciliary)	1	0.1
Dental Therapist	1	0.1
Senior Dental Nurse	1	1
Dental Nurse	5	3
Consultant Anaesthetist	1	0.2

8.2 The Service operate from 5 Clinics:

Location	Dental services	Opening days
Witham Health Centre (Witham)	<ul style="list-style-type: none"> • Routine • Oral sedation • Inhalation sedation • Limited intravenous sedation 	3.5 days a week
Melbourne Clinic (Chelmsford)	<ul style="list-style-type: none"> • Routine 	2-3 days a week
Maldon Clinic (Maldon)	<ul style="list-style-type: none"> • Routine 	1 day a week [Temporarily Closed & patients access other clinics]

South Woodham Ferrers Clinic	<ul style="list-style-type: none"> • Routine 	2 days a week
Elmstead Day Unit (Colchester Hospital) General	<ul style="list-style-type: none"> • Gen Anaesthetic • Intravenous sedation 	2 sessions every Thursday
Domiciliary Service (Witham Health Centre)	<ul style="list-style-type: none"> • Dental domiciliary emergencies for housebound patients 	Every other Monday (to be reviewed)

8.3.1 Activity data for Salaried Dental Service:

Year	Patients seen	Domiciliary contacts	Inhalation sedation contacts	Oral sedation contacts	Intravenous sedation contacts	General anaesthetic contacts
2005/06	3310	60	Data Not Available	Data Not Available	354	
2006/07	3681	169	22		86	276
2007/08	2817	217	14	5	64	302

8.4 Domiciliary visits

In the reference year (October 2004 – September 2005), 59 domiciliary visits were undertaken by GDPs in Mid Essex PCT. The locations of the patients are not known.

During the first year of the new dental contract, this provision increased by 125% to 133 patients seen:

At the same time, 49 patients living in Mid Essex PCT also sought domiciliary visits from GDPs working outside the locality, with the majority of them (41) seeking dental care provided by a dentist contracted by North East Essex PCT.

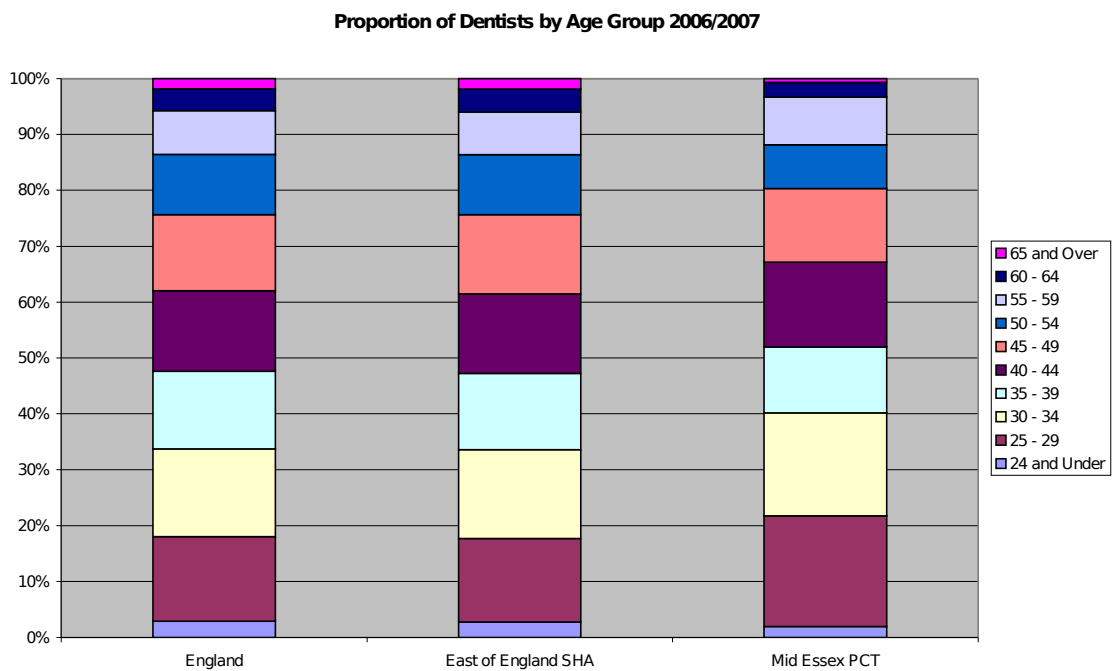
During the second year [07/08] of the new dental contract, 110 patients were seen by GDPs working in the locality:

At the same time, 14 patients living in the locality sought domiciliary dental care from GPs working in other PCTs, with the majority of them seeking care from GPs working in North East Essex PCT.

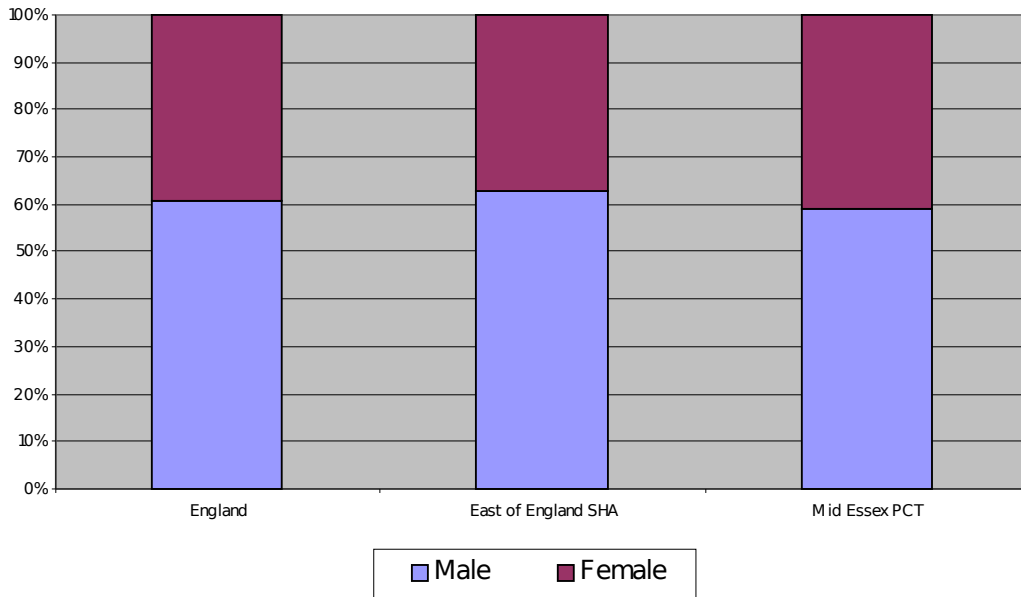
9. Dental workforce

- Accurate workforce data is not available at present.
- The working pattern of GPs is vital to the delivery of NHS dental care.
- Whilst the expansion of non-NHS dentistry lowers the throughput of NHS dental patients, the increase of women in the workforce could also lead to an increased shift of part-time work patterns.
- GDP/population ratio cannot be accurately estimated as there is no current information on any GP's whole time equivalent.

The age profile of GPs working in the PCT is shows that the majority of dentists are under the age of 44.



Proportion of Dentists by Gender 2006/2007



- There are slightly more female dentists locally when compared to the national and regional pictures.

10. Patient flows

As patients are not required to be registered with a dentist nor have to be treated by a dental practitioner in their resident locality, then it is important to look at patient flows.

10.1 In- flows

In 2005/06 the in-flow of patients being treated within the Mid Essex area was recorded as 25% of patients in Maldon; 38% of patients in Chelmsford and 37% of patients in Witham, Braintree & Halstead. This totalled 28,278 residents of other areas were treated by Mid Essex Dentists. The main known areas that residents travelled from were Colchester, Castle Point & Rochford, Billericay, Brentwood and Wickford and Uttlesford.

New dental contract 2006-2007 Patient In- flows:

- 12.8% more residents of Mid Essex PCT were treated (168,900)
- Residents from other locations were reduced by 18.7% (22,991)
- 6.4% more of Mid Essex PCT residents were treated in other localities (25,571)

10.2 Out-flows

In comparison 24,026 residents of Mid Essex PCT went to practices outside the Mid Essex PCT area for their dental treatment. The majority of these patients accessed treatment from South West Essex, North East Essex, West Essex and Suffolk PCTs.

New dental contract 2006-2007 Patient Out flows:

- 12.8% more residents of Mid Essex PCT were treated (168,900)
- Residents from other locations were reduced by 18.7% (22,991)
- 6.4% more of Mid Essex PCT residents were treated in other localities (25,571)

It should also be noted that even though the percentage of the child population within Mid Essex PCT has increased, this proportion is still below the national and regional averages.

11. Specialist Services

**Mid Essex PCT Patients Attending Outpatient Clinics for Dental Specialties
September 2004 to October 2005**

Data Source: SUS Outpatient Table as at 16/04/2008

TreatmentFunction	SpecialtyName	1st Attenders	Follow-Up Attenders	Ratio
September 2004 to October 2006				
140	ORAL SURGERY	3,533	6,369	1: 1.8
141	RESTORATIVE DENTISTRY	181	636	1: 3.51
142	PAEDIATRIC DENTISTRY	38	129	1: 3.39
143	ORTHODONTICS	542	3,128	1: 5.77
144	MAXILLO-FACIAL SURGERY	50	171	1: 3.42
TOTAL		4,344	10,433	1: 2.4

**Mid Essex PCT Patients Attending Outpatient Clinics for Dental Specialties
April 2005 to March 2006**

Data Source: SUS Outpatient Table as at 15/04/2008

TreatmentFunction	SpecialtyName	1st Attenders	Follow-Up Attenders	Ratio
April 2005 to March 2006				
140	ORAL SURGERY	3,051	5,271	1: 1.73
141	RESTORATIVE DENTISTRY	167	631	1: 3.78

					3.78
142	PAEDIATRIC DENTISTRY	33	128	1:	3.88
143	ORTHODONTICS	485	2,744	1:	5.66
144	MAXILLO-FACIAL SURGERY	62	150	1:	2.42
	TOTAL	3,798	8,924	1:	2.35

11.1 Waiting Times for Oral Surgery & Orthodontics

Outpatient Waiting List Position For Mid Essex Pct Patients Referred To Oral Surgery And Othodontics By Gp's & Dentists As At February 2008

February 2008

Count of Patient	Weeks waiting rounded							Grand Total
	DESCRIPTION							
ORAL SURGERY	92	6	8	4	4			320
ORTHODONTIC S		1	2	2	1		1	7
Grand Total	92	6	8	4	4	1	1	327

Data source: MEHT outpatient waiting list extract for February 2008.

11.2 Restorative Dentistry

Historically patients have been referred by General Dental Practitioners to London Hospitals for some dental treatments and in particular those patients with more complex treatments. These include those for restorative dentistry eg Endodontics [Root Canal] and paediatric. The data below outlines the number of referrals from April 2006 to December 2007.

Since April 2006, the number of patients being accepted for treatment by these hospitals has reduced and in a number of cases, patients have been given a treatment plan and referred back to their General Dental Practitioner.

RESTORATIVE		
RAL00	ROYAL FREE HAMPSTEAD NHS TRUST	1
RJ100	GUY'S AND ST THOMAS' NHS TRUST	55
RJ600	MAYDAY HEALTHCARE NHS TRUST	1
RJZ00	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	4
RNJ00	BARTS AND THE LONDON NHS TRUST	189
RRV00	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION	47
RTD00	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION T	1
TOTAL		298
DENTAL PAEDIATRIC		
RJ100	GUY'S AND ST THOMAS' NHS TRUST	6
RJZ00	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	1
RNJ00	BARTS AND THE LONDON NHS TRUST	34
RP400	GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS TRUS	12
RRV00	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION	11
TOTAL		64

12. Identification of demand

12.1 Patient Advice Liaison Service[PALS] - Dental Queries Oct 06-March 08

Type of Dental Query	Number
Queries relating to treatment	42
Queries relating to payment (including requests for explanation of charges)	41
Orthodontic queries	37
Requests for domiciliary visits	36
Complaints (not necessarily formal complaints but when dentist or dental staff's attitude was unpleasant or unhelpful)	21
Information requests (including simple requests for a list of dentists and requests for more detailed information such as special interest)	123
Total	300*

Total of all queries for this period **1483** therefore dental queries constitute just over 20%.

* Unfortunately the number of PALS queries handled by the Maldon office from Oct 06 to June 07 are not available so this report is not representative of the whole of the PCT area, however, I believe it is a good indication of trends.

Historically, the percentage of PALS calls relating to dentistry have increased sharply for a short time due to local factors, such as a dentist changing from NHS to private only or, more generally when the new charge bands were introduced.

12.2 Patient & Public Forum

The main issues raised by the PPIF in 2007 were regarding the inadequate provision of

- Emergency dental care for patients with learning disabilities;
- Dental sedation services [particularly for those with learning disabilities] - unacceptability of travel to Colchester with subsequent delay in receiving treatment.

12.3 Patient and Public Dental Survey

The outcome of a national survey on dental services reported:

53% of patients do not know how to access emergency dental treatment;

77% of patients do not know how to complain about dental services;

66% of patients do not understand how NHS dental charges work;

13. Summary of Findings

13.1 General

- Mid Essex PCT hosts three local authorities within its boundaries (in population size): Chelmsford, Braintree & Maldon
- 21.7% of the population in Essex live in this PCT.
- The average age for residents living in Mid Essex PCT is 40 years (national average is 39).
- The burden of dental disease experienced by children living in the PCT was lower than national and regional averages.
- All localities will see a reduction in the 0-64 age group and an increase in the 65+ age group.

- There is a national trend in the reduction of the available workforce and a high proportion of the dentists in Mid Essex are under the age of 44.
-
- In comparison to the National and Regional average there are more band 1 courses of treatment and less band 2.
- 12.8% more residents of Mid Essex PCT were treated in the first year of the new dental contract.
- 6.4% more of Mid Essex PCT residents were treated in other localities when compared to the reference year.
- The proportion of the child population seen is still below the national and regional averages
- The out-flow of patients seeking domiciliary dental care has reduced.
- There is no provision for dental sedation.
- Patients travel to London teaching Hospitals to access Restorative treatment.

13.2 Chelmsford Locality

Chelmsford has the largest population size, with the largest Black & Ethnic minority population within Mid Essex. It also hosts the majority proportion of gypsies and travellers. It has the highest life expectancy and is the most affluent Local Authority area.

There are 19 NHS dental practices in the Chelmsford area, out of which 4 practices have restricted dental contracts. 14 of the remaining 15 practices are accepting new NHS patients, however only 8 of them are taking emergency appointments.

The PCT commission separate Emergency Access Slots in two practices the area to provide services for patients who are in dental pain. Both these are located in the Chelmsford locality; Chelmsford & Hatfield Peverel.

Historically Chelmsford is shown to have above the national average patient registrations for children and adults and is the most affluent locality and has the highest number of General Dental Practitioners.

Based on the local projected population growth Chelmsford's population will grow by nearly 10% by 2021. Within the locality there are three small wards of multiple deprivation. Marconi, St. Andrews and Patching Hall.

Chelmsford also hosts the Mid Essex Hospitals NHS Trust which provides secondary care oral surgery and orthodontic services.

13.3 Braintree, Witham & Halstead

Braintree has the rapid and largest population growth between 2001/06 and a rapid influx of migrant workers, outstripping the country, county and PCT average. It also hosts the largest homeless population and is the most deprived Local Authority area with 7 wards of multi-deprivation. The population is forecast to age considerably and decrease in size.

There are 17 Dental practices in the WBH area, out of which 4 practices have restricted dental contracts. These are generally spread over three main towns of Braintree, Halstead and Witham, however some other dental practices are based in other smaller rural localities eg Coggeshall. 14 of the 17 practices are accepting new adult patients, however only 10 are taking emergency appointments. Patients who are not able to access emergency treatment currently have to travel to Chelmsford or Hatfield Peverel to access emergency treatment.

13.4 Maldon

Maldon's population is forecast to age considerably and to decrease in size. This local authority area has the lowest life expectancy and is forecast for the highest in the 65+ age group. The homeless population exceeds the national, regional and PCT average. Dental Registrations [05/06] were recorded as below the national average for children and adults.

There are 10 dental practices in the Maldon area spread over the main towns of the area, including Maldon, Danbury, Burnham on Crouch, South Woodham Ferrers. Some parts of the locality are rural and those patients living on the "Dengie" have a distance to travel to access services. Maldon residents do experience problems in accessing NHS dental services and this is demonstrated by the area having the least number of General Dental Practitioners and waiting times for appointments being high.

Specialist Services and secondary care services are accessed from Chelmsford.

From the evidence of the enquiries to the PCT it is known that residents of Maldon experience the most difficulty in accessing local NHS appointments.

14. Vision For the Future

Mid Essex Primary Care Trust is committed to ensuring that a full range of general dental and specialist services is commissioned to meet the needs of the population. The overall objective is to have an innovative and developmental approach which will in the short and medium term offer an increased access to both General Dental Services and Specialist Dental Services. Longer term plans will be to continue to review activity, ensure uniformity and meet the proposed East of England targets.

Within its vision for the future and in identifying its commissioning principles for the provision of dental services, the PCT will:

- I. Where possible to redefine Access standards for general dental services, to 4 miles for urban areas and 8 miles for rural areas. This is less than the current standards set across Essex which are currently 5 miles for urban and 10 miles for rural.
- II. Ensure patients should be able to access an urgent appointment within 24hours and a routine appointment within one month;
- III. Continue to support future workforce and skill mix development for dentistry;
- IV. Provide equal access for all patients irrelevant of their ethnicity, age, gender or disability;
- V. Invest resources appropriately and focus on quality improvement;
- VI. Continue to provide Out of Hours services on weekends and Bank Holidays;
- VII. Seek to commission activity in line with local need;
- VIII. Ensure that residents can access specialist services in a local setting where deemed clinically appropriate and within reasonable time;

14.1 Commissioning Objectives

The PCT have identified the objectives for commissioning dental services into Short-term; medium term and longer term. It is intended that the short-term objectives are to be addressed in the next 12 months; the medium-term within 18 months and the longer-term within 2 years.

14.2 Short Term Objectives

The Short-term objectives are to:

1. Increase local provision of primary care GDS NHS dental services to meet the East of England Strategic target that the PCT will increase access by an additional 6% of the population;
2. Obtain best Value for Money and therefore all activity will be commissioned at the Mid Essex average rate for both UDAs and UOAs; [£21.86 UDA and £59.51 UOA].
3. In increasing access to NHS dental services the PCT intends to commission additional activity with current providers, with the intention to extend normal opening hours to improve access particularly for new

patients and to commission some activity at a higher UDA rate to address the issue of patients with high need.

4. Re-consider the current Out of Hours arrangements and Urgent Access Slots to assess their uptake and consider ensuring patients make best use of their availability;
5. Re-commission the existing domiciliary services with the intention to tender out the service to ensure appropriate provision to all house bound and residential care residents. The existing service provided by the Salaried Dental Service will continue while the review is undertaken.
6. Increase the investment in Orthodontics to address the waiting times for treatment within primary care with the reducing the waiting time for assessment and treatment and review information on patient flows. The PCT will continue to work with Mid Essex Hospitals NHS Trust to meet the 18 week target within hospital.
7. Working with the Mid Essex Hospitals NHS Trust, establish a tier-two service for Oral Surgery to support the 18 week target and to ensure where appropriate patients can access services closer to home.

8. Work closely with the East of England Deanery, Local Dental Committee, Essex University and local practitioners to develop and support future workforce including, Vocational Dental Practitioners and other skill mix within dental practices.
9. Establish a Performance Management Framework for dental services which, incorporates Primary Care Contracting, Quality and better utilisation of the data provided by the BSA.
10. In line with the East of England SHA Pledge to improve information available on NHS dental services, to have a dedicated telephone line for enquiries and actively promote oral health advice to all residents in Mid Essex, including hard to reach groups.

14.3 Medium Term Objectives

1. Continue to work with those practices that have expressed an interest in changing their Restrictive PDS contracts to GDS contracts in developing additional access for NHS patients.
2. Review the provision of Conscious Sedation Services accessed by Mid Essex residents and whether there is the clinical need to establish a new provider for sedation services in a primary care setting.
3. Working in partnership with Provider Services, the PCT will also consider the relocation of the sedation service currently provided for Learning Disability Patients at Elmstead Day Unit based at Colchester District General Hospital.
4. Explore the procurement of 2 additional dental practices within the PCT area; possible locations to be considered are Coggeshall and Maldon areas. The procurement of new practices will be undertaken following a consultation. Each practice would be based on two dental practitioners with an estimated 15,000 UDAs.
5. Explore the need for an improved service for Periodontic [Gum disease] and Endodontic [Root Canal] treatments within the Mid Essex area;

14.4 Longer Term Objectives

1. The PCT propose to exceed the East of England target of 70% of population to be able to access an NHS dentist or orthodontist;

2. To set up a 3 year rolling programme of Dental Health Surveillance survey of 5 year old children.
3. To continue to promote NHS oral health services, and working with Local District Councils, consider the adequacy of services within the areas identified as high population growth and increased housing developments;
3. To continue to work with East of England SHA, East of England Deanery, Essex Local Dental Committee and local practices to promote dental workforce planning and increased skill-mix;
4. Working in partnership with the East of England SHA, the PCT will be considering the feasibility of water fluoridation.

15. Financial Assumptions

FINANCIAL ASSUMPTIONS FOR ADDITIONAL SERVICES IN ORAL HEALTH NEEDS ASSESSMENT

	Short Term £000's	Medium Term £000's
Increased access (22,000 UDAs) in short-term from existing providers	481	
Two new dental practices - each with 15,000 UDAs		656
Increased access: additional 10% Orthodontic activity	225	225
Domiciliary Service: 50% increase	60	60
Quality/Good Practice issues	50	50
Tier 2: service set-up & support costs	30	30
Specialist Services - Sedation	60	60
3.4% uplift in gross value of contracts	535	535
2.1% uplift in projected PCI	-109	-109
Maternity & Superannuation Cost Pressure (DH advice)	63	63
Governance Issues	25	25
Other, including Stakeholder/Public involvement	1	1
	<u>1,421</u>	<u>1,596</u>
Anticipated growth funding (incl funds initially held at SHA level, £296k)	1,766	1,766
Balance	345	170

16. Circulation

This document will be circulated widely to the local dental profession in Mid Essex, including all General Dental Practitioners, Consultants in Mid Essex Hospitals NHS Trust, Essex Local Dental Committee, Salaried Dental Service, Public Health, Dental Leads in neighbouring PCTs and the LINKS [formerly PPIF]. You are welcome to submit any comments on the document to:

Primary Care Commissioning Manager,
Mid Essex Primary Care Trust,
Swift House, Hedgerows Business Park,
Colchester Road,
Springfield, Chelmsford,
Essex CM2 5PF
e-mail: julie.jones@midessexpct.nhs.uk

- 16.1** It should be noted that it is intended that this is a working document that will be reviewed and updated from time to time to take account of changes in National Guidance and the action undertaken from the objectives outlined.