11th January 2005

Report to City Council

Access to NHS Dentists

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Preface

By Councillor Deirdre Alden
Chairman, Health Overview and Scrutiny Committee

I would like to thank the members of the Health Overview and Scrutiny Committee for their input into this report. The Committee has a heavy workload, with frequent meetings and long agendas, and the members' hard work is very much appreciated.

My thanks also go to the Health Scrutiny Officers who have worked on this report, in particular Narinder Saggu and Namita Srivastava, who were the Lead Review Officers. Also I wish to thank Ros Hamburger for her presentation to Committee and her willing provision of information to support the review.

In 1999, the Prime Minister promised that everyone would be able to "go back on the NHS to see their dentist." Yet now, nationally, fewer people are registered with an NHS dentist than ever before - only 45% of the adult population and 61% of children. Furthermore, 1,000 full-time dentists are leaving the NHS for exclusively private practice each year - and have been doing so since 2000 (British Dental Association, Evidence to the Doctors' and Dentists' Review Body, October 2003).

It is against this background that the Health Overview and Scrutiny Committee undertook this review. We hope that it will provide a useful basis to health colleagues in improving access to NHS dentists in the City.

It may be that the Committee will want to revisit this subject once the new changes come in, and when their impact has been evaluated.

1: Summary

1.1 Nationally, fewer people are registered with an NHS dentist now, than ever before in the history of the NHS. In 2001 a Health Select Committee identified a growing problem of access to NHS dental services. It recommended changes to the current system of remuneration for General Dental practitioners and the introduction of local commissioning arrangements for dental services. These recommendations have been adopted by Government and are set out in a recent policy document issued by the Chief Medical Officer -"NHS Dentistry: Delivering the Change". A new contract for General Dental Practitioners is due to be implemented from October 2005.

1.2 Although people in Birmingham enjoy better dental health than many other cities, largely because of water fluoridation, most will need the services of an NHS dentist during their lifetime. As the population gets older and new techniques for treating dental disease are introduced, so the demand for dental services will increase.

1.3 Having a good dentist whom patients trust, and with whom they can have a continuous relationship is very important. Equally important is being able to access advice and treatment at a reasonable cost. Knowing that the NHS will subsidise the costs of dental treatment is especially important for people with low incomes and encourages early prevention, repair and restoration.

1.4 This report sets out to examine whether or not people have adequate and equal access to NHS dentists in our city. It addresses three important questions:

- What is the level of supply and distribution of NHS dentists across the city? Are there any geographical areas where the availability of dentists is giving rise to concern?
- How easy is it for patients who want to register with an NHS dentist to get registered?
- To what extent will the proposed changes in government policy address inequalities in access where these arise?

1.5 The timescales for collecting evidence and preparing this report have been deliberately kept short. Given all the changes which

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are about to take place, the Committee felt it was important to have a picture of the current position, to identify some of the key issues and agree which aspects of policy implementation should be monitored.

1.6 As a result, we have not taken evidence directly from patients or the PCTs. However we have made extensive use of recent professional and patient surveys and conducted our own unique survey of patients' ability to register with an NHS dentist.

1.7 We have been unable to quantify more precisely the ratio of dentists per 10,000 population, in terms of working time equivalents per 1,000 population.

Our conclusions are that:

1.8 Despite their public importance, nationally the planning and funding of dental services appears to have fallen behind other aspects of policy development and service modernisation set out in the NHS plan.

1.9 Overall, the city of Birmingham has a reasonable number of dentists who still accept patients for treatment under the NHS. However this number has fallen significantly in the last decade.

1.10 Only around 50% of dentists in Birmingham appear to be accepting all new patients who wish to register as NHS patients. There appears to be a four fold difference in the availability of dentists between PCTs (as measured crudely by number of dentists per 10,000 population). There is also a two fold difference in the proportion of patients who are registered with a private dentist. However, the proportion of dentists accepting children of private patients for NHS treatment remains high. The results of the commissioned survey showed that 29% of patients had been registered with a dentist for less than 5 years and 28% of this sample had found it difficult, or very difficult, when they tried to register with an NHS dentist.

1.11 About 37% more patients would have liked to have registered with an NHS dentist than were currently registered. In our survey eight respondents were registered as private patients and three of those stated this was because they could not find an NHS Dentist. It must be noted that this sample is too small to draw conclusions about the whole city.

1.12 Areas with a higher proportion of ethnic minority communities appear to find it more difficult to register with a Dentist. It appears that this is a result of confusion with the registration process rather than a lack of available dentists. We believe that more effort should be made to make a clearer registration process.

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1.13 Dentists who de-register former NHS patients are not obliged to help them find another one. Nor are private dentists expected to give advice or "sign post" new patients who want to register - but who cannot afford private dental care. At present, almost no-one seems to take responsibility for actively directing the public to patient information services such as NHS Direct or Patient Advice and Liaison Services (PALS) or for promoting these services as a source of advice about NHS dentists in their area or elsewhere. Unlike general practitioners, there is no system which requires dentists to take on patients if they are having difficulty registering locally.

1.14 Once registered, waiting times to see a dentist and patients ratings of the quality of dental care compared with the national picture appear to be satisfactory and well within locally defined standards.

1.15 It is too early for us to comment on whether or not PCTs will be able to play an active role in commissioning dental services and invest funds in such a way that inequities in dental services can and will be addressed. However we believe implementing the new contract will be a considerable challenge to them and that progress should be closely monitored.

Summary of Recommendations

	Recommendation	Responsibility	Completion Date
R1	The PCTs actively promote NHS Direct and local PALS services as a source of information and advice on registering for dental care, and that such information is made widely available in community venues across the City.	PCT Chief Executives	July 05
R2	The PCTs, working in conjunction with the Birmingham Shared Services Agency, consider developing a system of allocation that would enable patients to secure registration with an NHS dentists following 3 unsuccessful attempts.	PCT Chief Executives	July 05
R3	The PCTs conduct further surveys in their area to identify particular population groups that may not be registered or may be experiencing difficulties with accessing NHS dental care.	PCT Chief Executives	December 05
R4	The PCTs report to the Health Overview and Scrutiny Committee in six months time describing progress on the implementation of the General Dental Practitioners Contract.	PCT Chief Executives	July 05

2: INTRODUCTION

2.1 Reason for the Review

2.1.1 Dental services are one of the most widespread forms of primary healthcare, with most people using an NHS dentist at some period in their lives.

2.1.2 Whilst the dental health of the majority of the population has improved significantly over past 40 years, some health inequalities remain.

2.1.3 The fluoridation of Birmingham's water supply makes a positive difference to oral health of residents. However poor oral health and tooth decay remains prevalent in the City. This includes families living in deprived areas (particularly Asian Muslim families), low-income families and older patients with complex needs. Access to dental care is therefore vital both on the basis of prevention and treatment of conditions.

2.1.4 Access to NHS dentists is subject to variation in different parts of the City. Whilst the issue is not as marked as it is on a national level, some inconsistencies do exist.

2.1.5 In August 2004, the Health Overview and Scrutiny Committee selected access to primary care as a key theme for its work during the course of the year. The Committee was keen to understand difficulties with access to NHS dentists in the City and to develop an overview of the current position of the matter.

2.1.6 The purpose of this report is therefore to convey an understanding and provide a snapshot of issues relating to access to NHS dentists in the City. The report also outlines some actions to improve the situation in the short term.

2.1.7 The Committee's aim was to seek answers to three important questions:

- What is the level of supply and distribution of NHS dentists across the city? Are there any geographical areas where the availability of dentists is giving rise to concern?
- How easy is it for patients who want to register with

an NHS dentist to get registered?

- To what extent will the proposed changes in government policy address inequalities in access where these arise?

2.2 Terms of Reference

2.2.1 The Terms of Reference for the review are attached at Appendix 1.

2.2.2 The key objectives of the review are listed below and our findings are structured according to these:

- the process by which patients register for dental treatment;
- the proportion of patients who are not registered with a dentist and are not in receipt of regular dental care;
- which areas of the city are least well provided with NHS dentists and how this position has changed over the last 5 years;
- the average waiting times for an appointment;
- what patients think about access, availability and quality of dental treatment and how this varies across the city;
- what plans are underway to address any shortfalls in manpower and to ensure that all patients who need NHS dental treatment can easily access these services.

2.3 Membership

2.3.1 The review was carried out by all of Members of the Health Overview and Scrutiny Committee. They involved:

- Councillor Deidre Alden (Chairman)
- Councillor Carol Jones (Vice Chairman)
- Councillor Keith Barton
- Councillor Rev. Richard Bashford
- Councillor Susan Burfoot
- Councillor John Clancy (served from July to Nov 2004)
- Councillor Emily Cox
- Councillor John Cotton
- Councillor Paulette Hamilton
- Councillor Jane James
- Councillor Sarah-Jayne Plant

- Councillor Arjan Singh (replaced Councillor John Clancy from November 2004)
- Councillor Margaret Sutton

2.3.2 Officer support for the review was provided by Narinder Saggu, Namita Srivastava and Darren Wright (Scrutiny Office). Additional advice and guidance was provided by the Committee's Link Officer, Dr Jacky Chambers.

2.4 Methodology

2.4.1 In producing its findings, the Committee drew on information obtained through the following sources:

- National policy documents and local strategies;
- Literature reviews, health surveys and research papers;
- Data and statistical information, including patient surveys;
- Presentation and evidence from the Consultant in Dental Public Health, Heart of Birmingham (teaching) Primary Care Trust.

2.4.2 A list of reference sources are attached at appendix 2.

2.4.3 Additionally, the Committee commissioned an independent survey of 200 members of the public in a selection of wards across Birmingham. The wards were chosen at random with 4 each representing outer-city and inner city areas - Sutton Four Oaks, Yardley South, Northfield, Harborne, Aston, Sparkhill, Washwood Heath and Soho.

2.4.4 The survey was conducted by a market research company called CSR Survey Ltd. The questionnaire used by the company and an extract of their main findings is attached at appendix 3.

2.4.5 Finally, some Members of the Committee undertook their own “spot check” survey of what it was like to register with a dentist in the City as an NHS patient. Telephone contact was made with approx 55 dentists in the City and the responses received are outlined in paragraphs 3.4.6 – 3.4.8 of this report.

2.5 Critique of Methodology

2.5.1 Due mainly to a large work programme, the Committee decided that this review would be a short, focussed analysis as opposed to a comprehensive major review. The exercise was conducted in a relatively short time scale and therefore provides an overview rather than an in depth analysis of all the issues.

2.5.2 Another reason for the Committee's approach was that we learned that dentistry was on the threshold of important policy changes. The implementation of the new contractual arrangements between dentists and PCTs from October 2005 is intended to lead to significant improvements in the availability of dental provision and access to this provision. A major scrutiny review was therefore deemed premature. The Committee may revisit the matter in the future.

3: FINDINGS

3.1 Oral health in Birmingham

3.1.1 Oral health has improved significantly over the past 40 years. However significant variations remain in the City due largely to socio-economic disparities.

3.1.2 The 2003 National Survey of Child Dental Health shows that tooth decay in 12-15 year olds is at its lowest level since surveys began. According to the World Health Organisation, 12 year olds in England now have the best dental health in Europe. Adult oral health has also improved since the 1960's[1].

3.1.3 This is the result of advances in medical science over the last few decades which has led to an improved understanding of how to prevent tooth decay. The use of fluoride toothpaste, fluoridation of water supplies, better nutrition and medical advances in dentistry have helped improve oral health.

3.1.4 The fluoridation of Birmingham's water supply makes a positive difference to oral health in our City. However, poor oral health is still more prevalent in some communities than others. Up to four times as many 5 year old children have decayed teeth in parts of Aston and Sutton Coldfield.

3.1.5 This can be attributed to a number of factors including levels of sugar in food and dietary habits of certain communities. In the past, problems had been identified amongst families in the South Asian Muslim Community and particularly Pakistani and Bangladeshi families, however, the Committee was informed that proactive and preventative work had been undertaken through projects such as Sure Start to reverse these trends. The same factors that lead to tooth decay are also linked to obesity.

3.1.6 In communities where children's needs are greater, dentists need more time to spend with families to encourage regular attendance and prevent further disease.

3.1.7 For adults, as the population affected by post-war epidemic of dental disease grows older, their dental needs become more complex. Fewer teeth are being removed whilst more fillings are being updated and more crowns and bridges are being fitted by dentists. This places additional demands on dental

[1] NHS Dentistry: Delivering the Change. Report of the Chief Dental Officer. July 2004

services.

3.1.8 Specialist skills and knowledge are required from dentists if dental treatment is to be performed safely and effectively. Dentists also need to spend more time with older patients to conduct thorough examinations, plan treatments and conduct more complex work.

3.1.9 Demographic changes and movement of the local population across the City creates challenges on the availability of dental provision and access to it.

3.2 The current system of NHS dental care

3.2.1 The Committee was informed that the current system of NHS dental care in Birmingham is mainly delivered by General Dental Practitioners (GDP). These are practices that have a contractual arrangement with PCTs. The contract is administered by the Dental Practice Board (DPB).

3.2.2 GDPs are paid a capitation fee for each person registered with them as an NHS patient and they charge a fee per item of activity completed. NHS dental care provided by GDPs is free for all children under the age of 16, and under the age of 19 if they are in full time education. For some adults, e.g. those on low income or exempt on medical grounds, dental care is also free. However, the majority of adults will have to pay for dental care – usually 80% of the costs of examinations and treatments. Private patients are usually charged fees higher than the charges set for NHS patients.

3.2.3 GDPs are complemented by a salaried Personal Dental Service in the City and this is targeted at areas of greatest need. The Personal Dental Service provides only NHS services and whilst it is aimed mainly at school children, adults can also benefit from dental care.

3.2.4 The current system of fee per item of service is outmoded, creates a “treadmill” effect (i.e. provides incentives for dentists to carry out as many activities as possible within a short timescale) and is orientated towards treatment, not prevention. A new contractual system is due to be implemented in October 2005. The Committee welcomes this.

3.3 Registering for Treatment and access to an NHS dentist

3.3.1 Some people view their dentist in a similar way to their GP. They visit the same practice regularly, usually near to where they live or work.

3.3.2 The main way to gain access to a dentist is to register with a local practice.

3.3.3 Dentists can choose whether to register someone or not, or whether to take them as a private patient or an NHS patient. Dentists can also specify that they will only register certain types of patients e.g. non fee-paying adults, or the children of private patients etc.

3.3.4 A dentist can de-register patients at any time without giving reasons. Sometimes de-registration can happen due to failure to attend booked appointments or failure to pay fees. It can also be because the dental practice is reducing the number of patients on its NHS list or it has decided to practise private dentistry.

3.3.5 Due to the nature of the current system and the different categories of registration, many members of the public do not understand whether they are a registered as an NHS patient or not. This is because, even as NHS patients, people may have to pay for part of their treatment.

3.3.6 Under current rules, patients must visit their dentist at least every 15 months, or they automatically lose their registered status. Many people do not know about the '15 month' rule and responsibility for re-registration lies with the patient. At present there is no requirement for a dentist to advise members of the public about how to register with another dentist or to access the Personal Dental Service. The '15 month' rule is due to change as of October 2005.

3.3.7 Members of the public can find out information about dentists in their area by contacting their local PCT, the Shared Services Agency or NHS Direct. Lists of dental practices are also available in local libraries, however, these may not always specify what category of patients a dentist is accepting. The Committee felt this may not be helpful to the public.

3.3.8 The best method is for members of the public to telephone NHS Direct. Again, the Committee believed that this information is not well publicised and that more could be done to make such information available in local health centres, community venues, GP surgeries and pharmacies.

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3.3.9 The Committee's survey showed that of those respondents that had registered, or tried to register, with an NHS Dentist within the last five years over 50% were aware of NHS Direct. Only 24% of respondents were aware that NHS Direct can also help a patient register with an NHS Dentist.

3.3.10 The Committee was pleased to hear that having learnt about the lack of awareness about the role of NHS Direct, the Dental Public Health Consultant for the city had already put plans in place for addressing this situation. Her proposals were for information relating to registration with a Dentist to be included in the Patient Prospectus produced annually by each PCT. The Committee believes it may be necessary to do more than this to fully ensure the role of NHS Direct is widely publicised.

3.3.11 It was reported to the Committee that at present, 51% of the City's population is registered with an NHS dentist. This was higher than the national average, but is still only just over half the population of the City. The highest it had ever been was in 1992, when 61% of the City's population was registered with an NHS dentist.

3.3.12 In providing evidence to the Committee, Mrs. Ros Hamburger, Dental Public Health Consultant, Heart of Birmingham (teaching) PCT explained that the figures were difficult to analyse because people were willing to travel to see a dentist and cross boundary flows were high. Also some patients were seen by the Personal Dental Service and were therefore not included in the overall calculations of population registered.

3.3.13 Another reason given for the apparent fall in figures was because of technical changes to the management of dental records. In 1992, dentists were working to an old policy of keeping patients on their registers for 24 months. However, in 1996, this was changed to 15 months.

3.3.14 The Committee was also informed that one the main problems with the current registration system is that it encourages attendance for check-ups more frequently than may need be. The traditional message to visit dentists for a check-up every sixth months, is a residual effect from 20-30 years ago when people's dental health was much worse than it is today. However, guidance from the National Institute for Clinical Excellence (NICE) suggested that frequency of visits should be determined by need and local circumstance. Children, those with poor dental health and other 'at risk' groups would be expected to visit more regularly than adults with good dental health.

3.3.15 In considering those patients that are at most risk dentists must take account of factors such as smoking which leaves

patients with an increased likelihood of developing oral cancers. These patients will require much more frequent check-ups. The Committee noted that there may be others who do not fall in these risk categories, and felt it was important that such patients did not "fall through the net".

3.3.16 In order for less frequent appointments to work then a system needs to be developed in order to track those patients that have not received a check-up recently. This is particularly relevant for the extreme group of patients that might require check-ups every two years.

3.4 Number of dentists in Birmingham and variations in availability / access

3.4.1 Birmingham currently has 181 dental practices in the City and out of these, 118 were accepting new NHS patients. From the 118 accepting NHS patients some were only accepting children and/or patients paying partial charges. (source: *Survey of Dental Practices 2004, data provided Birmingham Shared Services Agency).*

3.4.2 Of the 429 dentists in the City, 25 are “salaried dentists” working for the Personal Dental Service. The Personal Dental Service operates 19 public access centres. This consists of 17 clinics held in fixed locations, including one at the Birmingham Dental Hospital and two mobile clinics. A further dental service at the Boots store in the City Centre is due to close shortly.

3.4.3 A map showing the location of dentists across Birmingham is attached at appendix 4.

3.4.4 From the information provided to the Committee, on the whole, it appeared that the City was well served by dentists with a sufficient number of practices identified in each PCT area.

3.4.5 However, some Members of the Committee undertook a simple “spot check” analysis by telephoning dentists to see if they could register as an NHS patient.

3.4.6 The results of this survey revealed that out of 55 dental practices listed as being NHS practices.

- 29 confirmed they were taking new NHS patients.
- 17 confirmed that they treated NHS patients but advised they were not accepting new patients unless they were children of private patients or had been referred by personal recommendation.

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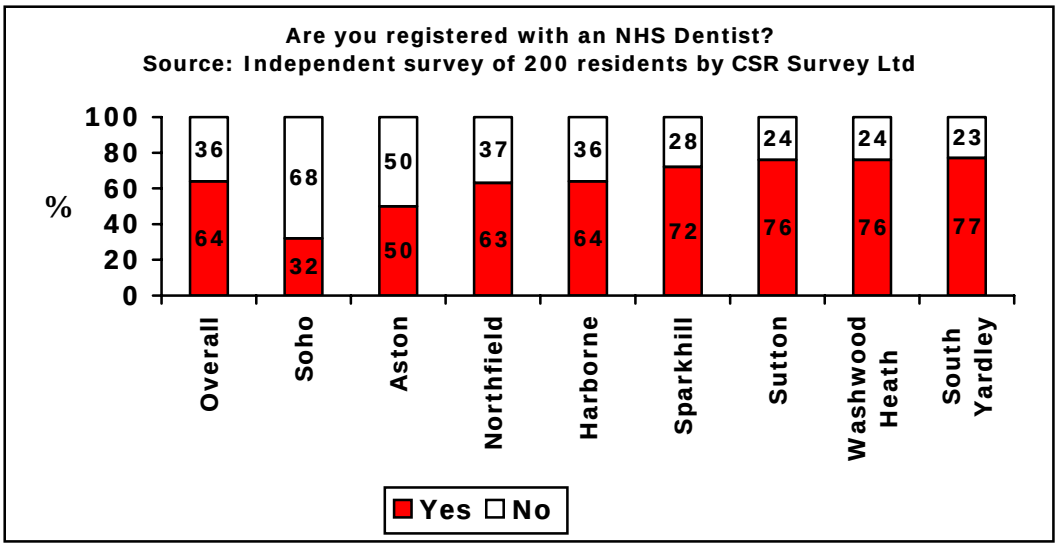
- 9 practices said they were treating private patients only.
- There is a difference between the information published and the experience of individuals.
- There needs to be a greater emphasis on training practice receptionists in order that they convey the correct information to prospective patients on the NHS status of each practice.

3.4.7 It appeared that registering with a dentist as an NHS patient was easier in inner city areas and more difficult in affluent wards in the City such as Sutton Coldfield.

3.4.8 The results of the "spot-check" survey were supported by individual experiences of other Members of the Council who reported difficulties and shared these with the Committee Chairman.

3.4.9 The survey commissioned by the Committee did not wholly support this hypothesis and indicated that registration appeared largely consistent across all wards except Soho and Aston which are inner city areas.



3.4.10 Given that the dietary habits of certain ethnic communities can have a detrimental impact on their dental health as well as their health generally, the Committee was concerned that the survey shows a particularly low percentage of the sample registered with an NHS dentist in Soho (32%) and Aston (50%). Both of these areas have a relatively high ethnic population. Whilst the survey was conducted using a small sample, the Committee believes it is important for PCTs to examine more closely the gaps in their areas where people may not be registered with, or are finding it difficult to access,

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an NHS dentist.

3.4.11 Hearing evidence from the City's Dental Public Health Consultant, the Committee was informed that epidemiological studies showed a reduced demand for dental services in affluent areas and differences in the type of care required. Having said that, new practices were opening in the North of the City.

3.4.12 Additionally, the location of dentists in the City were influenced by PCT "distance standards" i.e. that an NHS dental service should be made available within 30 minutes travelling distance from a patient's home or 2 miles. The exception to the rule was North of Sutton Park where 3 miles was deemed reasonable because of the size of the park.

3.4.13 In exploring access issues further, local information on access to NHS dentists was obtained from three major sources:

- Birmingham Shared Services Agency, which conducts regular surveys of local practitioners;
- Primary care trust survey reports (patient surveys), published annually by the Healthcare Commission;
- Local health services survey 2004, also by the Healthcare Commission.

3.4.14 Birmingham Shared Services Agency regularly surveys local dental practices in order to maintain a record of dental practitioners and their policy on registering NHS patients. It was possible to use a database of the most recent survey results (2004) to make some basic calculations on numbers of NHS dentists across each PCT.

3.4.15 Tables 1 and 2 below show the numbers of dentists in total, and numbers registering adults on the NHS, by PCT.

Table 1: Comparison of numbers of dentists (NHS and private) by PCT
(figures calculated from data obtained from Shared Services Agency - survey 2004)

	Population	No of dental practices	No of dentists	No of dentists per 10,000 population
South Birmingham PCT	351,321	67	178	5.07
North Birmingham PCT	152,349	26	50	3.28
Eastern Birmingham PCT	205,779	33	75	3.64
Heart of Birmingham (t) PCT	280,452	55	126	4.49
Birmingham as a whole	**989,901**	**181**	**429**	**4.33**

Table 2: Comparison of numbers of NHS dentists accepting registration by PCT
(figures calculated from data obtained from Shared Services Agency - survey 2004)

	Population	No of practices registering all NHS patients	No of dentists accepting registration of all NHS patients	No of dentists accepting registration of all NHS patients per 10,000 population
South Birmingham PCT	351,321	40	114	3.24
North Birmingham PCT	152,349	4	12	0.79
Eastern Birmingham PCT	205,779	16	44	2.14
Heart of Birmingham (t) PCT	280,452	35	97	3.46
Birmingham as a whole	**989,901**	**95**	**267**	**2.70**

3.4.16 The figures show considerable variation in the numbers of NHS dentists across the 4 PCTs, in particular, noting much less provision in North Birmingham. However, there are a number of considerations which cannot be reflected in a calculation such as this:

- Dentists are contracted, not salaried, and the number of hours each dentist works each week varies, and presently cannot be calculated. Therefore figures showing numbers of dentists cannot be translated into number of hours worked/spent on treatment;
- A population figure can give no indication of the level of oral health, and therefore of health need, within that population;
- People are known to travel across PCT boundaries, within and outside Birmingham, to obtain treatment.

3.5 Proportion of patients not registered with a dentist and not receiving dental care

3.5.1 It is useful to compare Tables 1 and 2 with data obtained from the patient survey *(Source: Primary Care Trust Surveys for each PCT, Healthcare Commission 2004)* regarding the percentage of the population that is actually registered with an NHS dentist, and the percentage of the population that would wish to be registered (see Tables 3 and 4). It is clear that here any discrepancy between PCTs is much less pronounced. The figures in the tables below do not average out to the overall Birmingham figure of 51% but this can be

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explained by the much smaller sample size of the patient surveys.

Please note: Figures from source quoted are rounded up/down so may not total 100%.

Table 3: Are you registered as an NHS patient?
(Primary care trust surveys, Healthcare Commission 2004)

	South PCT	North PCT	Eastern PCT	HoB tPCT
Yes	58%	54%	58%	53%
No (private)	13%	22%	11%	13%
Not at all	21%	18%	24%	20%
Don't know	4%	4%	5%	8%
No reply	3%	2%	2%	5%

Table 4: Would you like to be registered as an NHS patient?
(Primary care trust surveys, Healthcare Commission 2004)

	South PCT	North PCT	Eastern PCT	HoB tPCT
Yes	62%	65%	73%	63%
No	27%	27%	20%	26%
No Reply	11%	8%	7%	12%

3.5.2 It is obvious that the national shortage of dentists is reflected in the local figures. The discrepancy between those patients who are registered and those who would like to register varies between 4-15%, and remains a significant gap.

3.5.3 However, Birmingham fares well on the numbers of patients who are registered with a dentist compared to other major metropolitan areas. Table 5 shows the percentages of the population of the core cities (Bristol, Leeds, Liverpool, Manchester, Newcastle, Nottingham, Sheffield and Birmingham) who are registered with a dentist, and it can be seen that currently only Newcastle has a higher percentage registered than Birmingham.

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Table 5: Comparison of percentage of the population registered with an NHS dentist across the core cities
Source: Calculated from Dental Practice Board data by PCT

	Percentage of population registered with a dentist
Bristol	46.6%
Leeds	41.4%
Liverpool	38.3%
Manchester	41.5%
Newcastle	56.3%
Sheffield	43.7%
Nottingham	50.3%
Birmingham	**51.0%**
England - National average	**45.0%**

3.5.4 Access to NHS dentists for Looked After Children was of particular interest to the Committee. The Committee was pleased to note that the Council's Performance Plan 2003-4 contains targets and data on the numbers of Looked After Children who have had a dental check in the last 12 months. Performance against these targets is monitored quarterly.

3.5.5 In requesting data from the Council's Social Care and Health Directorate, the Committee learnt that this is the first year local authorities are required to collect this data for submission to the Department of Health. Whilst initially there were difficulties in recording this information, these issues were currently being resolved with some data being collected manually. Unfortunately the data that was shared with the Committee was difficult to analyse correctly and gave an incoherent picture.

3.5.6 This was partly due to the fact that data is collected at the 6-monthly review date for each child, and under-reports the number of check ups between assessment times. Also, at the end of each year discrepancies are corrected manually and the revised data would not be ready until April 2005.

3.6 The average waiting times for an appointment

3.6.1 Table 6 shows the average waiting times for an appointment across each PCT.

Table 6: Average waiting times for an appointment by PCT
(Local health services survey, Healthcare Commission 2004)

How long?	South PCT	North PCT	Eastern PCT	HoB tPCT
Less than 7days	35%	23%	27%	36%
1-2wks	19%	22%	27%	30%
3-4 wks	3%	8%	12%	6%
More than 4 wks	6%	7%	5%	3%
Pre-booked	30%	35%	24%	14%
No reply	7%	5	6%	11%

3.6.2 Heart of Birmingham (HoB) PCT performs well in this area with nearly two thirds of its patients wanting an appointment obtaining one within 2 weeks, compared to 54% in South and Eastern PCTs, and 45% in North PCT. However, HoB PCT has less than half (14%) the number of pre-bookings as South PCT (30%) and North PCT (35%).

3.6.3 Birmingham PCT standards for waiting for dental treatment were that

- In the case of emergency such as facial swelling, severe bleeding or trauma, patients had access to NHS advice and care straightaway.
- In the case of urgent need i.e. pain or lost interior crowns, patients should have access to NHS care within 24 hours.
- For routine care, access should be made available within 4 weeks.

3.6.4 Walk-in dental treatment was available from dental access centres such as that based at the Birmingham Dental Hospital.

3.6.5 On the whole, the Committee was satisfied that waiting times for dental treatment were not a significant issue for Birmingham.

3.6.6 It is important to note that these figures do not take account of the length of time between registering with a new dentist and receiving a first appointment.

3.7 Patients views about access, availability and quality

of dental treatment and how this varies across the City

3.7.1 The Committee considered it worthwhile to commission its own independent survey of patient experiences to see how easy or difficult they had found it to register with a local NHS dentist. The survey was conducted by a market research company, CSR Survey Ltd which surveyed a total of 200 people in 8 wards - Sutton Four Oaks, Yardley South, Northfield, Harborne, Aston, Sparkhill, Washwood Heath and Soho (quota sample of 25 in each ward).

3.7.2 A copy of the questionnaire which was designed to be used in the survey is attached at Appendix 3.

3.7.3 The company was asked to provide quotas of respondents for each of the wards, representative of data on age, sex, gender and ethnicity as reported in the 2001 Census.

3.7.4 The main findings of the survey were :-

- One hundred and thirty respondents (64%) of the people interviewed claimed to currently be registered with an NHS dentist.
- Of those one hundred and thirty, one hundred and nineteen (92%) were registered as NHS patients whilst eight (6%) were registered as private patients. The remainder did not know if they were NHS patients or not.
- One hundred and eleven (70%) patients registered as NHS patients had been registered with their dentist for more than five years.
- Only seven NHS patients had been told that their dentist intended to stop seeing NHS patients in the future, and only three of these had been given information about registering with another NHS dentist.
- Only twenty three (24%) NHS patients overall claimed to know where to find information if they did need to register with another dentist.
- Of the eight respondents registered as private patients, only three were registered privately as a preference. The others suggested their dentist no longer saw NHS patients or had been unable to find an NHS dentist.

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- Just over one-third, seventy four people (36%), of the overall sample, were not currently registered with an NHS dentist.
- Of these, ten respondents had tried to register themselves or a member of their family with an NHS dentist.
- Overall, two-thirds, 60%, those who have registered with a dentist during the last five years or had unsuccessfully tried to register claimed the registration process to be easy, while 29% had found it difficult.
- These respondents had contacted between one and five dentists in trying to register, and the highest proportion obtained information on dentists to contact through friends, family and word of mouth.
- Half of those who had registered or tried to register with an NHS dentist during the last five years had heard of NHS Direct although only 24% were aware that NHS Direct had information about NHS dentists in the area.
- Additional comments made about dental services included issues of access and availability and cost and affordability along with more general positive and negative comments.

3.7.5 In terms of the Government's patient surveys, these were conducted on a PCT-by-PCT basis using a random sampling of 800 people in each PCT.

3.7.6 In terms of access to an NHS dentist, NHS Direct is now the first port of call when seeking to register with an NHS dentist. However as pointed out in section 3.3.8 and 3.3.9 of this report and our own independent survey results, not enough people know about NHS Direct.

3.7.7 The 2003 patient survey did enquire if patients had heard of NHS Direct though it did not ask if they knew that NHS Direct supplies information about Dentist registration. The results are printed in table 7 below.

Table 7: Patient survey scores - Heard of NHS Direct? (2003)	
	Have you heard of NHS Direct? (Primary care trust surveys, Healthcare Commission 2003)
South Birmingham PCT	77
North Birmingham PCT	80
Eastern Birmingham PCT	67
Heart of Birmingham (t) PCT	60
Threshold score for best 20% of PCTs	78

3.7.8 For most of the PCT areas, any publicising of NHS Direct at that time appeared to have less impact than in other areas nationally. The Committee believes publicising NHS Direct and its services is crucial if current inequities in access to NHS dentists in Birmingham are to be addressed.

3.8 Plans to address access and availability of NHS dentists – national policy drivers

3.8.1 In recent years, there has been a national drive to modernise dentistry and deliver improvements in access, availability and quality of care. Some of the key policy drivers are outlined below.

3.8.2 The **NHS Plan** published in July 2000, set out a plan for investment and reform for the NHS as a whole. In September 2000 the Government published **Modernising NHS Dentistry - Implementing the NHS Plan** which set out how it would address problems of access to NHS dentistry, and how it would tackle oral health issues and issues of quality.

3.8.3 Included in "Modernising NHS Dentistry" were plans to:

- Improve the availability of NHS dentistry;
- Expand the role of NHS Direct;
- Investment to modernise NHS dental practices and reward dentists' commitment to the NHS;
- Set up Dental Access Centres where patients who are not registered with a dentist can receive NHS dental care;
- Give patients better access to information on the range, quality and cost of NHS treatment.

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3.8.4 The Health Select Committee, in its report in March 2001, considered that insufficient progress had been made in implementing the plans set out in "NHS Dentistry - Delivering the Change", and that urgent action was required in addressing inequities in access. It recommended that a strategy, much longer term than “Modernising NHS Dentistry” was needed, and that the remuneration system for General Dental Practitioners was at the heart of the problem.

3.8.5 In August 2002, the **NHS Dentistry: Options for Change** report proposed a new NHS dental service for England. This report drew on the findings of a working group led by the then Chief Dental Officer, Dame Margaret Seward.

3.8.6 The report outlined ways to work within NHS structures to achieve new standards of care, supported by a new payments system, together with proposals for a modern workforce structure. Key elements of the proposals included:

- Giving Primary Care Trusts (PCTs) the responsibility to ensure that NHS dental care is available on a regular basis for all those who want it and live within the PCT area; that is, the local commissioning of NHS services;
- New forms of contracting between General Dental Practitioners and the NHS. Different models would be tested with the aim of providing a menu of arrangements - not a 'one-size-fits-all' approach or simply receiving a fee for each intervention;
- Simplifying the system of charges and making them more transparent;
- Setting up a separate Primary Dental Care Workforce Review;
- Improving the patient's experience of trying to enter the NHS system and giving patients a standard oral health assessment.

3.8.7 The **Health and Social Care (Community Health and Standards) Act 2003** provides the legislative framework for taking Options for Change forward. PCTs will for the first time be given a duty to secure or provide primary dental services to the extent that they consider reasonable within their area. To meet their new responsibilities, they will assess local oral health needs. Local commissioning is intended from October 2005.

3.8.8 The Audit Commission’s report **Dentistry - Primary dental care services in England and Wales** was published in September 2002. It focused on recommending a new

payment system, where PCTs would be enabled to negotiate local contracts, implementing national standards, for NHS dental healthcare. Central to this was ensuring that PCTs have the expertise and capacity to plan for, and shape, primary dental care services and to involve local General Dental Practitioners.

3.8.9 The **Primary Care Dental Workforce Review** was published in February 2004. This involved detailed modelling of demand and supply for the dental workforce in England. The overall conclusions of the review are detailed in the table below (Table 8). Both the higher projection (steady-state scenario - current flows and patterns will not change) and lower projection (baseline scenario - accounting for factors which will evolve in the future) of shortages in dental hours and dentists include the factoring in of demographic and oral health trends, numbers studying dentistry, and different 'mixes' of treatments.

Table 8: National gap in supply of dentists.

(Report of the Primary Care Dental Workforce Review Feb 2004)

	Undersupply in hours (million)	Undersupply as WTE dentists	Undersupply as % of demand
2001	1.5	1,050	5
2003 (current)	2.7	1,850	9
2011 (lower projection)	5.0	3,640	16
2011 (higher protection)	7.1	5,100	21

3.8.10 This estimated shortfall in supply (estimated as between 16-21% of demand by 2011), coupled with the above series of policy changes, has culminated in the report by the Chief Dental Officer in July 2004 - **NHS Dentistry: Delivering the Change.** This document aims to improve NHS dentistry provision, and has set in place preparations now underway for a new base contract between dentists and PCTs to be introduced in October 2005.

3.8.11 As pointed out elsewhere in the report, currently, NHS primary dental care is mainly delivered by General Dental Practitioners, complemented by a salaried Personal Dental Service targeted at areas of greatest need. The current contract with General Dental Practitioners is based on a fee per item of service payment and is administered centrally by the Dental Practice Board with limited input from the PCTs.

3.8.12 From October 2005, there will be local commissioning from

PCTs. For dentists, there will be greater flexibility and no item of service (allowing for decisions to be made based on clinical need), no requirement for out of hours provision and a new patient charges system. The aim is to improve incentives for dentists to provide NHS treatment, and ultimately to reverse a widespread move of dentists to the private sector, largely due to disillusionment in the old contract, which began in the 1990s.

3.8.13 The Government is committed to recruiting an extra 1000 dentists (whole time equivalents) by October 2005. Although many will come from overseas and an increase in National provision of Dentists will take some time to achieve.

3.9 Local implementation of plans

3.9.1 In hearing evidence from Mrs. Ros Hamburger, Dental Public Health Consultant, the Committee learnt that the new General Dental Service (GDS) contract heralds a new era in dentistry in Birmingham. It enables care to be provided on a more pro-active basis rather than reacting to poor dental health. The intention is to address some of the geographical variations of provision and create equity between the different categories of patients.

3.9.2 Dentist incomes will be based on their patient lists and income will be guaranteed providing the lists are maintained.

3.9.3 PCTs will be able to commission more services in areas of higher need, including commissioning specialist services from local dentists who are suitably qualified.

3.9.4 PCTs will be able to agree quality standards and criteria with dentists and integrate dental care with a range of other NHS health care.

3.9.5 In terms of rising to the challenges offered by the GDS contract, Mrs. Hamburger reported that local PCTs have all appointed lead managers to ensure the new contract is introduced as smoothly as possible and developed timed plans for the introduction of the contract.

3.9.6 Additionally, the Local Dental Committee have nominated members to liaise with each PCT and some pilots were underway with dentists negotiating moves towards the new contract.

3.9.7 The key tasks for PCTs are now to:

- Secure sufficient levels of service in line with demand by ensuring commissioning is informed by needs

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analysis.

- Develop sound quality standards and monitoring mechanisms by using the Dental Reference Service constructively, acting on and disseminating the findings of the Audit and Peer review and checking that clinical governance systems are in place.
- Identify and fill service gaps as they arise by maintaining the epidemiological programme, integrating dental commissioning with other NHS commissioning and learning from patient surveys, patient complaints, dentists comments and comments from other professionals.
- Maintain the workforce in sufficient numbers by supporting undergraduate education, tailoring post-graduate education for dentists to meet the needs of the local population and ensuring professional training is available for specialist and rare conditions.

3.9.8 PCT plans to meet the national priorities locally are already underway. A "needs assessment" has been carried out for each PCT area, and local strategies for each PCT are expected to be published early next year.

3.9.9 Having said this, the Committee was also alerted to the publication of a report from the National Audit Office: Reforming Dentistry – ensuring effective management of risks (November 2004). This suggested that significant risks would have to be managed if the new contractual arrangements are to be effective and provide value for money. There was some scepticism about how the new contract will work in practice, whether it contained sufficient incentives and what the processes were for ensuring that dentists did not reduce their NHS commitments. The report also highlighted capacity issues for PCTs (in terms of expertise and resources) in order to take on their new responsibilities.

3.9.10 In light of this, the Committee believed it would need to be reassured that PCTs are delivering on the new contract. It therefore considered it appropriate that regular progress reports to be submitted to the Committee, by the PCTs, on the implementation of the GDP contract.

3.9.11 Alongside the implementation of the GDP contract, the Committee heard that Birmingham has comprehensive plans for the Birmingham Dental Hospital and School of Dentistry.

3.9.12 Located in Birmingham, and unique to the West Midlands, the Birmingham Dental Hospital and School of Dentistry, is an integral part of the University of Birmingham, and part of South Birmingham Primary Care Trust. The Dental Hospital offers a walk-in out-patient facility, and an out of hours

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service - the Birmingham Personal Dental Service - operates at evenings and weekends. The School of Dentistry trains undergraduate and postgraduate dentists. It is estimated that between 40-50% of dentists working in Birmingham trained at Birmingham Dental School.

3.9.13 There are three main patient flows at the Birmingham Dental Hospital, all of which include NHS patients:

a) Specialist care - referral to consultants (which is largely not driven by the number of dental practitioners available elsewhere in Birmingham).

b) Work undertaken by students (this work would normally be done by general practitioners but is available free of charge - apart from prescription charges, and charges for some other treatments e.g. dentures). This work is dependent on the number of students at the School of Dentistry and there are some limits placed on the number of patients who can be seen.

c) Front door emergency services (from toothache to injuries) - this can be affected by the number of dentists elsewhere.

3.9.14 At the time of writing, the Dental Hospital and School was consulting on proposed changes for relocation and changes to service provision. The Health Overview and Scrutiny Committee was involved in discussions about these changes and, developing its response as part of the public consultation process.

3.9.15 A significant part of addressing the national shortage of dentists was the training of dental therapists, nurses and hygienists. Referrals to these professionals were made on prescription by dental practitioners. By developing a “skills escalator” for a range of dental professionals, it is hoped that the demand for dental care can be resourced more efficiently and effectively.

4: Conclusions and recommendations

4.1.1 NHS dentistry both in Birmingham and nationally is currently subject to important change.

4.1.2 Modernisation of dentistry has been long overdue, however oral health in Birmingham, access to NHS dentistry and the quality of care is not such a significant issues as it has been in other parts of the country.

4.1.3 Nevertheless there are some variations in the process for accessing an NHS dentist and patient information on registering with a dentist is not widely available.

4.1.4 Some confusion is as a result of the different categories and patient lists used by dentists as well as the requirement for people to pay for treatment, even though receiving an NHS service.

4.1.5 Although Birmingham does not have any “deserts” i.e. areas where there is no provision and access, there are a few areas where there is very restricted choice. However, a significant percentage of the population (51%) is registered with an NHS dentist – higher than the national average (45%).

4.1.6 Birmingham is fortunate not to have experienced the shortage of dentists as experienced nationally and this is a largely due to having a school of dentistry in the City.

4.1.7 Proposals for a new Birmingham Dental Hospital and School of Dentistry aim to deliver a qualified workforce to meet general and specialist demands.

4.1.8 This, coupled with the implementation of the new General Dental Service contract in October 2005, will ensure Birmingham continues to be well served with well trained, experienced dentists available in sufficient numbers, serving all parts of the City.

4.1.9 Having said this, dentistry has not been subject to the same public scrutiny, as that experienced by other health services such as GPs or hospitals. In order to ensure greater public access to dental care for the whole of the City’s population, greater emphasis needs to be given on:-

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- communicating and informing the general public about their rights and responsibilities,
- the processes for registering and accessing dental services and
- the measures of quality and standards of care that patients can expect.

4.1.10 The onset of the GDS offers a significant opportunity to address some of these issues. The Health Overview and Scrutiny Committee therefore recommends that:

	Recommendation	Responsibility	Completion Date
R1	The PCTs actively promote NHS Direct and local PALS services as a source of information and advice on registering for dental care, and that such information is made widely available in community venues across the City.	PCT Chief Executives	July 05
R2	The PCTs, working in conjunction with the Birmingham Shared Services Agency, consider developing a system of allocation that would enable patients to secure registration with an NHS dentists following 3 unsuccessful attempts.	PCT Chief Executives	July 05
R3	The PCTs conduct further surveys in their area to identify particular population groups that may not be registered or may be experiencing difficulties with accessing NHS dental care.	PCT Chief Executives	December 05
R4	The PCTs report to the Health Overview and Scrutiny Committee in six months time describing progress on the implementation of the General Dental Practitioners Contract.	PCT Chief Executives	July 05

Appendix 1: Terms of Reference

Access to Dentists

Review Outline

Subject of review	Access to dentists
Overview and Scrutiny Committee	Health Overview and Scrutiny Committee

1.1 Reasons for Conducting the Review

Reasons for conducting this review	Access to primary care is a theme selected by the Committee for its work this year. The purpose of this particular exercise is to examine specific issues (outlined below) relating to access to NHS dentists in Birmingham.
Objectives of review / Areas for investigation	To investigate and explore: • the process by which patients register for dental treatment; • the proportion of patients who are not registered with a dentist and are not in receipt of regular dental care; • which areas of the city are least well provided with NHS dentists and how this position has changed over the last 5 years; • the average waiting times for an appointment; • what patients think about access, availability and quality of dental treatment and how this varies across the city; • what plans are underway to address any shortfalls in manpower and to ensure that all patients who need NHS dental treatment can easily access these services.
Outcomes expected from conducting this work	• Improved understanding of gaps, shortages and barriers to accessing NHS dentists across the City and actions required for addressing these.

2. Project Plan and Resourcing

2.1 Member Involvement

Lead Member	Cllr Deirdre Alden
Other Members involved	Whole Committee
Are all parties on the Overview and Scrutiny Committee involved?	Yes
Key Cabinet Member/Decision Maker	
Other Cabinet portfolios covered	

2.2 Officer and External Involvement

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Link Officer	Dr Jacky Chambers
Lead Review Officer	Narinder Saggu/ Namita Srivastava

2.3 Council Departments Expected to Contribute

Contact / Department	Contribution Expected

2.4 External Organisations Expected to Contribute

Contact / Organisation	Contribution Expected
Consultant in Dental Public Health, Heart of Birmingham (teaching) PCT	• Provision of data and other information as required • Attendance at evidence gathering sessions
CSR Survey Ltd	• External organisation commissioned to undertake market research on public views relating to 1st, 3rd and 5th objectives above

2.5 Publicity and Awareness of the Review

Publicity activities to be undertaken	• Press releases as appropriate

2.6 Time Frame for Core Phases of Review

Phase	Time Required	Completion Date
Meetings and evidence gathering sessions	Background data collection, evidence gathering including patient perspectives	Oct 2004
Drafting the report		End Oct 2004
Consideration of draft report by Committee		Early Nov 2004
8-Day Rule: Executive Comment		Mid Nov
Reporting to Committee		End Nov 2004
Reporting to Council Business Management Committee		
Reporting to the City Council		Dec 2004/ Jan 05

2.7 Specific Costs Identified

Anticipated call on Scrutiny Budget	Funding for small scale survey of general public to be commissioned

2.8 Signed Approval

Signed:

(By Chair on behalf of Overview and Scrutiny Committee)

.....

Date Agreed:

(By Overview and Scrutiny Committee)

.....

Approved:

(Chairman, Co-ordinating Overview and Scrutiny Committee)

.....

Date Approved:

(By Co-ordinating Overview and Scrutiny Committee)

.....

Appendix 2: References

1. House of Commons Select Committee Report on Access to NHS Dentistry 2001
   http://www.publications.parliament.uk/pa/cm200001/cmselect/cmhealth/247/24702.htm

2. British Association for Community Dentistry website
   http://www.bascd.org/annual_survey_results.php

3. Adult Dental Health Survey (ONS 1998)
   http://www.statistics.gov.uk/ssd/surveys/adult_dental_health_survey.asp

4. 'Options for Change' Report of Chief Dental Officer 2001 available at
   http://www.publications.doh.gov.uk/cdo/optionsforchange/

5. Audit Commission Report into Primary Care Dentistry
   http://www.audit-commission.gov.uk/Products/NATIONAL-REPORT/2D847593-050A-427d-B31B-C0A4683939AA/Report-Dentistry.pdf

6. Dental Practice Board Statistics
   http://www.dpb.nhs.uk/

7. Dental Workforce Review
   http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4086050&chk=C2HjhP

8. Patient survey results 2004
   http://www.healthcarecommission.org.uk/NationalFindings/Surveys/PatientSurveys/fs/en?CONTENT_ID=4006196&chk=zDBTX5
   and
   http://www.patientdynamics.org.uk/PCT%20Survey%20Results.htm

8. Modernising NHS Dentistry Countdown September 2004
   http://www.natpact.nhs.uk/uploads/2004_Sep/Countdown_Sep04.pdf

9. NHS Dentistry: Delivering the Change July 2004

10. NHS Plan July 2000

11. Modernising dentistry - Implementing the NHS Plan Sept 2000

12. National Audit office report: Reforming NHS Dentistry – ensuring effective management of risks. November 2004

13. Health and Social Care (Community Health and Standards) Act 2003
    http://www.hmso.gov.uk/acts/acts2003/20030043.htm

14. Other websites

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http://www.nhs.uk/england/dentists/

http://www.natpact.nhs.uk/cms/295.php#countdown

Appendix 3: Independent Survey

Access to Dentists and GPs Survey NOVEMBER 2004

Good am/pm. I am an interviewer from CSR Survey. I am doing a short survey about dental and family doctor services on behalf of Birmingham City Council. It will take about 2-5 minutes to complete. Would you mind answering some questions please? Thank you.

SECTION A – DENTAL SERVICES

1a. Are you currently registered with an NHS dentist?

Yes	1 – Go to Q1b
No	2 – Go to Q4a

1b. Are you registered as a private patient or an NHS patient?

Private	1 – Go to Q3a
NHS	2 – Go to Q1c
Don't know/not sure	3 – Go to Q1c

1c. How long have you been registered with your current dentist?

Less than a year	1
1-5 years	2
More than 5 years	3

2a. Has your dentist told you that he/she intends to stop seeing NHS patients in the future?

Yes	1
No	2

2b. Has he/she given you any information about what to do if you want to register with an NHS dentists in your area?

Yes	1
No	2

2c. Would you know where to find out this information if you needed to?

Yes	1 – Go to 5a
No	2 – Go to 5a

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3a. Are you registered as a private patient because: (READ OUT)

Your dentist no longer sees NHS patients	1 – Go to Q3b
You have tried to register with an NHS dentist but couldn't find one	2 – Go to Q3b
You prefer to be seen as a private patient	3 – Go to Q7a

3b. Has your dentist given you any information about what to do if you want to register with another NHS dentist?

Yes	1
No	2

3c. Would you know where to go to get this information if you needed to?

Yes	1
No	2

Check if Q5-6 are appropriate (codes 1 or 2 at Q1c). If not go to Q7a

For respondents that have no dentist

4a. Have you tried to register yourself or a member of your family with an NHS dentist in your area?

Yes	1 – Go to Q5a
No	2 – Go to 7a

Q5 & 6 are for those who have tried to register with a dentist (code 1 at Q4a) and those who have changed dentist in the last five years (code 1 or 2 at Q1c) Others go to 7a.

5a. How easy or difficult was it to get registered as an NHS patient?

Very Easy	1
Quite easy	2
Quite difficult	3
Very difficult	4

5b. How many dentists (approximately) did you contact before you were successful or gave up?

Write in Number …….

5c. Where did you get information about dentists in your area?

6a. Have you heard of NHS direct?

Yes	1
No	2

6b. Did you know that they have information about NHS dentists in your area?

Yes	1
No	2

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ASK ALL
7a. Do you have any other comments you would like to make regarding dentists in your area?(Probe for comments on access, availability and quality of dental treatment)
ASK ALL
And finally, if I could ask some details about you
12a. Gender

Male	1
Female	2

13a. Which of the following age groups do you fall into? SHOWCARD A

18-24	1
25-34	2
35-44	3
45-59	4
60+	5

14a. To which of the following ethnic groups do you belong? SHOWCARD B

White British	1	Pakistani	9
Irish	2	Bangladeshi	10
Other white (write in)	3	Other Asian (write in)	11
Mixed white and Black Caribbean	4	Black Caribbean	12
Mixed white and Black African	5	Black African	13
Mixed white and Asian	6	Other Black (write in)	14
Other mixed	7	Chinese	15
Indian	8	Other (write in)	16

15a. Would you be willing to be contacted again about some of these issues to help with further research?

Yes	1
No	2

If yes, please obtain contact details:
Name……
Address……
……
……
Tel number……..

THANK RESPONDENT AND CLOSE INTERVIEW

Interviewer's name…….. Date…….
Interviewer's signature…….

Appendix 4: Location map of NHS dentists in the City