

Health

Briefing

 **audit**  
commission



# Dentistry

Primary dental care services in England and Wales

The Audit Commission is an independent body responsible for ensuring that public money is spent economically, efficiently and effectively, to achieve high-quality local and national services for the public. Our work covers local government, health and criminal justice services.

Our national studies on the performance of health services examine services from a user's perspective and identify and promote examples of good practice. We also appoint auditors to all health authorities, primary care trusts and NHS trusts in England and Wales.

Our work focuses on:

- Whether there are firm foundations of good management to improve services to patients and provide value for money.
- How well organisations inside and outside the NHS work together to provide the best care for patients.
- How effectively key resources, for example, doctors, nurses, theatres, equipment and budgets, are managed.

- 1 General dental services – ‘family dentists’ – cost about £1.6 billion annually. Of this, about 30 per cent is contributed by patient charges. Patients not exempt from charges pay 80 per cent of the cost of their care. Dentists are mostly reimbursed on a piecework basis – they are paid for examinations and treatments that they carry out according to a scale of NHS fees. The Government, dentists and many patients agree that the system is not working well.

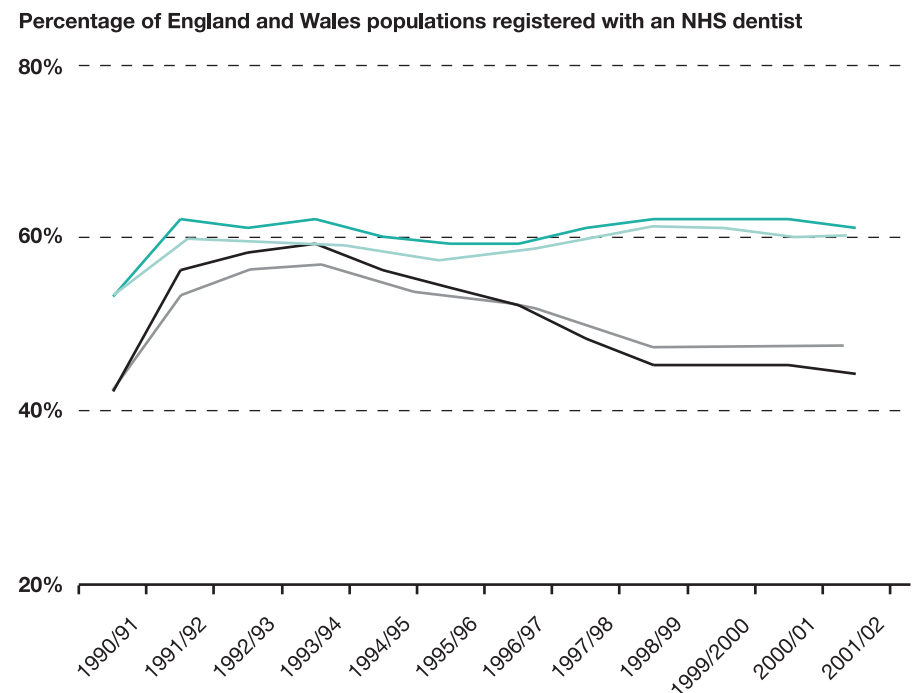
## Access is patchy

- 2 Access to urgent and drop-in care has improved since 1999, but 40 per cent of dental practices are not accepting children or adults for registration for NHS continuing, preventive care. In some places, no dentists will accept adult NHS patients. This is of particular concern for people who are on low incomes who have to pay higher, private sector charges or travel long distances to obtain NHS treatment.

### Exhibit 1

#### The change in registration rates with a dentist

The number of adults registered with an NHS dentist has declined. Registration rates for children are higher and have stayed at about the same rate since registration was introduced.



Source: Dental Practice Board, 1992-2002

## Inequalities are not tackled

3 In deprived areas dental health is worse, and fewer people are registered with a dentist. In some localities children’s decay levels are as bad as they were 15 years ago. People who use fluoridated water have much less dental decay and fluoridation benefits the poorest communities most, but no new schemes have been introduced since 1985.

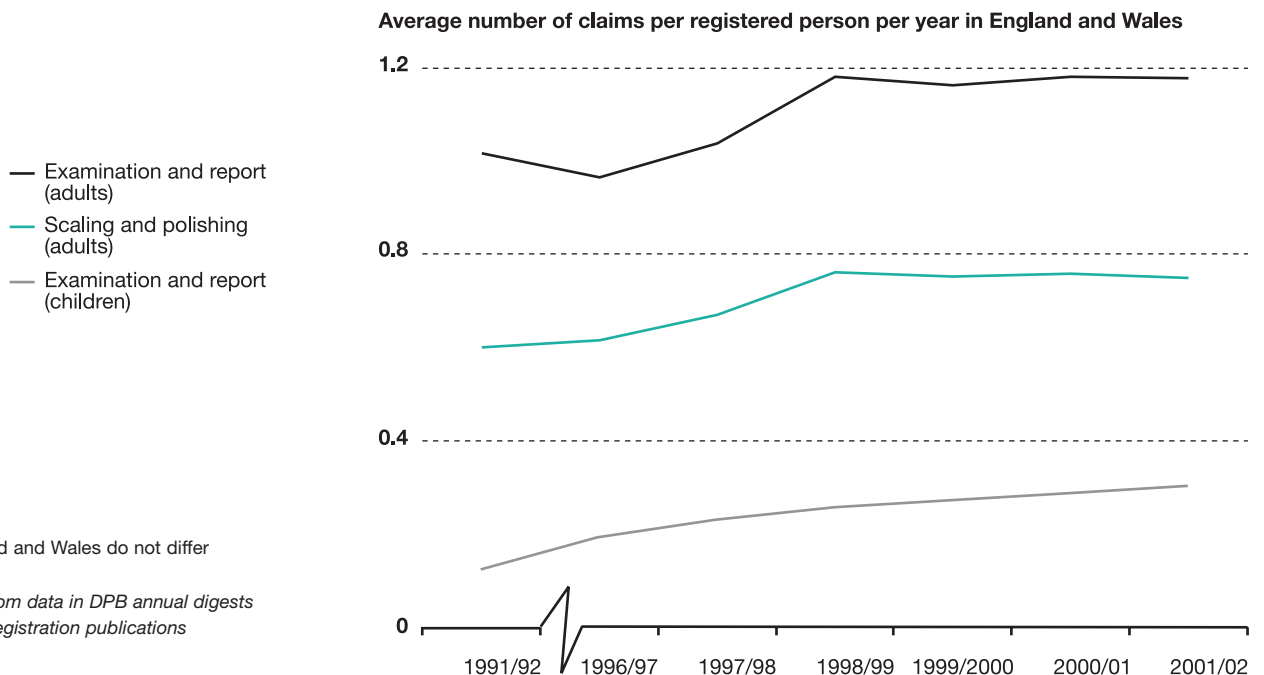
## Some NHS funds are wasted

- 4 Most people’s dental health has improved in recent years. However, NHS funds are spent on over-frequent examinations for many people whose dental health is generally good – and on treatment that is not of proven benefit to health, or that is cosmetic. At least £150 million in England, and £8 million in Wales, is wasted in these ways.
- 5 This waste results from the piecework system. Dentists who offer NHS care report that they have to work increasingly hard and quickly, perhaps compromising quality, in order to keep their businesses alive – they call the NHS system the ‘treadmill’.

### Exhibit 2

#### Trends in the number of claims for check-ups and scaling and polishing in relation to the number of patients registered with GPs

The rates per patient of examinations and scaling and polishing have increased.



Trends for England and Wales do not differ significantly.

Source: Drawn from data in DPB annual digests of statistics and registration publications

## Change has been too slow

- 6 Changes to the system have been proposed for over 40 years but it has remained essentially the same. Since 1997, some useful initiatives have been started, but they cover only 1 per cent of the population.
- 7 In England, the Government published *Options for Change* in August 2002, which invites volunteer dentists and primary care trusts to be demonstration sites to test new ways of working, including using alternative funding systems. Work is also being done to define what dental examinations and treatments the NHS will pay for because they are proven to improve dental health, and what will only be available privately. These proposals are welcome, but pilots have been run for four years. What is needed in England and Wales is a firm commitment to change.

## Empowering patients

- 8 Patients are confused about whether they are paying for NHS or private care. Patients need to know how to maintain their dental health and how to discuss with their dentist what examination and treatment options are available, and which of these are necessary for their dental health and which are cosmetic. They should also have information in advance about charges and a treatment plan with written estimates of cost before they are asked to consent to treatment. This should not wait for reform of the whole system but should start now.

## Fundamental reform

- 9 The NHS should emphasise prevention. Much health promotion activity is best done by local health commissioning bodies but the Government should act to secure rapid fluoridation of water supplies.
- 10 The piecework system should be replaced. A new national framework should enable patients who are at high risk of decay and gum disease to receive more frequent check-ups than those with generally good oral health. The NHS should define what it will pay for, and the standards expected from primary care dental services should also be made clear. Cosmetic activities should not be paid for by the NHS. The charging system should be reviewed to ensure that people who are on lower incomes are not deterred from seeking necessary dental healthcare.
- 11 Local health commissioning bodies should shape services in order to achieve national standards and to secure fair access through local contracts with dentists.

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