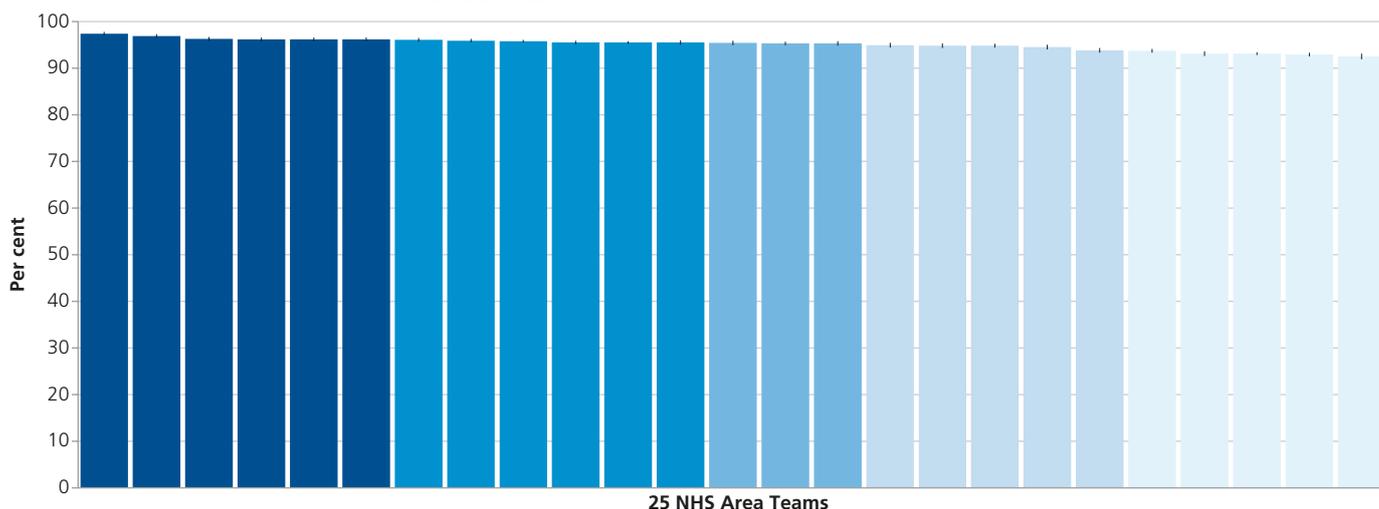
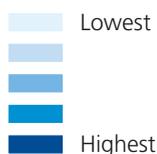


DENTAL PROBLEMS

Map 17: Percentage of people who succeeded in gaining access to NHS dentistry services after requesting an appointment in the last two years by NHS area team

January–March 2014

Domain 4: Ensuring that people have a positive experience of care



Context

Lack of access to an NHS dental practice can mean that people do not receive clinically necessary dental treatment. In the event of a dental emergency due to lack of regular examinations and treatment, a patient may have to present at an accident and emergency department in considerable pain, which may also incur a potentially avoidable cost for the secondary care sector.

Data for this indicator are from the GP Patient Survey January–March 2014 of 1.3 million adults. People were asked if they had tried to obtain an appointment with an NHS dentist and, if so, whether had they been successful. The response rate was 35%. Of those who did respond, 61% had tried to get an NHS dental appointment in the last two years. Of those who had tried to get an appointment, 93% were successful.

Respondents who were less successful included:

- › younger people;
- › people from ethnic minority groups;
- › people who had not been to the practice before.

During this time-period, North of England region had the highest proportion of the adult population who tried to get an NHS dental appointment in the last two years (65.4%). Midlands and East region had the highest proportion of the adult population who were successful in:

- › making an NHS dental appointment over the last two years (93.9%) – the success rate was 95.6% when respondents were excluded who answered “Can’t remember”;
- › making an NHS dental appointment in the last two years at a practice to which they had not been before (79.3%).

Between 2009 and 2011, the Department of Health (DH) ran the Dental Access Programme which led to an improvement in the number of people able to access NHS dental services across England, but improvement was not equal in all regions.

Since 2011, the DH and NHS England have been running pilots of a reformed contract for NHS dental services, which will be designed to meet the NHS White Paper commitment to improve the quality of patient care and increase access to NHS dental services. The approach is one of evolution, and it is anticipated that the reformed contract will become the prevalent approach by 2018/19.¹

Domain 4 of the NHS Outcomes Framework includes “Improving access to NHS dental services”, and good access to NHS dentistry is also part of the NHS’ commitments to patients in the NHS Constitution Handbook.

Magnitude of variation

For NHS area teams in England, the percentage of people who succeeded in gaining access to NHS dentistry services after requesting an appointment in the last two years ranged from 92.5% to 97.4% (1.1-fold variation).

Although the degree of variation is very low, in some areas, 8 people in every 100 who tried to obtain an NHS dental appointment reported failing to do so.

Options for action

Commissioners need to retain a focus on improving access to NHS dental services. Resources from the Dental Access Programme relating to contract management and recall intervals are available to support commissioners (see “Resources”). Commissioners should also specify that service providers comply with NICE guidance CG19 (see “Resources”) on recall intervals.

Service providers that applied to become a prototype practice in the reformed contract for NHS dental services will begin testing the new system from October 2015 onwards.

All service providers, however, can use the preventive care pathway designed for the pilots (see Annex 1 of the *Dental Contract Reform: Prototypes. Overview document*¹), which is intended to promote continuing care, and to encourage patients, where able, to take shared responsibility for their own care, including modifying behaviour such as smoking and diet.

CASE-STUDY

- › NHS Kensington and Chelsea used social marketing to increase self-referral rates to NHS dental services and improve overall oral health in under 18s and adults. <http://www.thensmc.com/sites/default/files/KC%20dentistry%20SUMMARY.pdf> <http://www.thensmc.com/sites/default/files/KC%20dentistry%20FULL%20case%20study.pdf>

RESOURCES

- › NICE. Dental recall: Recall interval between routine dental examinations. NICE guidance [CG19]. October 2004. <https://www.nice.org.uk/guidance/cg19>
- › Dental Access Programme. The four workstreams. <http://webarchive.nationalarchives.gov.uk/20100510065704/http://pcc.nhs.uk/dap-the-four-workstreams>
- › Dental Access Programme. Contract management handbook <http://webarchive.nationalarchives.gov.uk/20100510065704/http://www.pcc.nhs.uk/dap-contract-management-handbook>
- › NHS England. Dental care and oral health – call to action. <http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/dental-call-to-action/>
- › Marshman Z. Oral health and access to dental services for people from black and minority ethnic groups. Better health briefing 29. Race Equality Foundation. August 2013. <http://www.better-health.org.uk/briefings/oral-health-and-access-dental-services-people-black-and-minority-ethnic-groups>

1 Dental Contract Reform Programme, Department of Health. Dental Contract Reform: Prototypes. Overview document. January 2015. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/395384/Reform_Document.pdf