



ROYAL COLLEGE OF  
PHYSICIANS AND  
SURGEONS OF GLASGOW

<b>CONSULTATION:</b>	NHS England Call to Action Consultation
<b>ORIGINATING SOURCE:</b>	NHS England
<b>CONTRIBUTORS:</b>	Members of Dental Council – March 2014
<b>SUBMITTED:</b>	14 <sup>th</sup> April 2014

**NHS ENGLAND CALL TO ACTION CONSULTATION  
RCPS GLASGOW DENTAL COUNCIL RESPONSE FORM**

**NAME:** Laura Mitchell, Honorary Secretary, on behalf of the Dental Faculty,  
Royal College of Physicians and Surgeons of Glasgow

**DATE:** 14<sup>th</sup> April 2014

The Faculty supports any action taken to improve the dental health of the population.

**OBJECTIVES**

- 1. Are they the right objectives, and what others to those we have listed are necessary for a modern strategic framework for NHS dental services?**

The Faculty agrees that these are the correct objectives

- 2. What other actions, to those we have listed, will help us achieve our objectives for NHS dentistry?**

**REDUCING INEQUALITIES**

- 3. What do you consider to be the main health inequalities, and how should the new commissioning framework for dental services aim to reduce them?**

One of the main health inequalities is the availability of access to a NHS dentist. Without equitable access to a dentist in all areas of the country, health inequalities will be difficult to eradicate

- 4. How can we improve the oral health of people with particular needs (including issues of access and take-up of NHS dental services) such as: frail elderly people; children; mental health users; people from black and minority ethnic groups; seldom heard groups; and people with dental anxiety?**

See comment above

Consideration should be given to strengthening the Salaried Primary Dental Care Service to provide access to those disadvantaged groups that struggle to get regular dental care from a dentist because their management is more challenging and time-consuming

## **ACCESS**

### **5. How can we further improve ease of access to dental services?**

There are still some areas of the country where it is extremely difficult to get a NHS dentist (eg Bradford). Consideration needs to be given to providing incentives to attract dentists to set up practices and stay in these areas

### **6. How should dental 'out of hours' and urgent care services be organised, and how do we ensure that access to these services is easily signposted for patients?**

The approach that seems to work well is a collective arrangement involving as many of the dentists as possible in a given area. This method has the advantage that patients will be encouraged by the participating dentists to sign-up for to a practice for on-going care

## **DATA AND INTELLIGENCE**

### **7. What data do we need to collect and analyse to support commissioners and providers to support the focus on improving quality, outcomes and access?**

The type of information that was provided previously by the surveys that were carried out by the then Community Service

## **INSPECTION AND MONITORING**

### **8. How do we best describe the role of NHS England in monitoring safety and quality alongside the role of the Care Quality Commission and the General Dental Council?**

**9. How do we support and promote innovation in improving oral health?**

Emphasis on quality and prevention, which is incentivised. More integration of services

**10. How do we best develop consistent standards that can be used to monitor safety and measure quality across all dental services?**

**11. To what extent can dental services be safely and appropriately moved from secondary care to primary care settings while maintaining quality and outcomes, and what are the barriers and enablers to achieving this?**

There are assumptions here that there are huge inefficiencies in secondary care and that primary care is always cheaper than secondary. Both are incorrect. Secondary care services are usually sited in the more deprived areas of the inner cities and are experienced and well-placed to provide high quality care to the disadvantaged

If secondary care services are to be provided in the primary care setting to a similar standard then it is imperative that care is provided by a competent specialist and they will no doubt require the right fee tariff.

**12. How can we support dental services in providing a preventative focused practice?**

Financial incentives and practical resources

**13. How can we ensure that supporting lifestyle change - so as to improve general and oral health - is an integral part of the work of the dental team?**

Need to continue to incentivise dental practices to provide oral health advice to their patients. Lifestyle and preventive advice is best delivered by DCPs so support needs to be given to train and re-numerate appropriately these groups

- 14. Should we develop more widely the integrated role of dental professionals in the identification and management of chronic or acute disease?**

Yes

- 15. What contribution can dental professionals make to addressing a person's wider social care needs?**

## **WORKFORCE**

- 16. What kind of workforce will be needed in the future?**

The expansion of DCP groups and the introduction of a greater skill-mix in dentistry will continue.

- 17. How do we support the workforce (current and future) in adapting to future needs?**

Current data would suggest that the workforce will continue to be predominantly female part time (and of Asian ethnic origin). Therefore support needs to be provided in terms of childcare and to assist in the return to work of these individuals following career-breaks.

- 18. How do we support the move to a more integrated approach to working, within managed clinical networks? Information and communication**

Need to provide support and resources for these networks to meet and communicate. Currently there is little if any financial or practical support and work is done by those willing to sacrifice their own time and money

## **INFORMATION AND COMMUNICATION**

- 19. How can we improve the flow of communication and information sharing between dental services and health professionals, and dental services and patients?**

Targeted and appropriate financial support

- 20. How do we ensure that patients easily understand the NHS dental charges system and exemptions, and are provided with accurate, timely information in this regard by dentists and dental practices?**

Need to publicise via the media. Also provide contractual or financial incentives to dentists to ensure they provide this information

- 21. How do we ensure that patients who are considering purchasing private dental payment plans are provided with sufficient and accurate information by dentists and dental practices that enable them to make an informed choice on how they pay for their dental treatment?**

See above

#### **OTHER**

- 22. Please tell us anything else you feel is necessary for us to know in meeting our objectives of improving dental care and oral health.**

Improvements can only be made with better training of undergraduates and dental workforce (dentists and DCPs). Unfortunately the better the training, the more the remuneration an individual will want.