## Access to Care: A Perspective from England

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#### **Overviews of:**

NHS System Reform in England

Dental Education Developments

Oral Health in England



### **Public Health Policy Implementation**



Policy

Implementatior



### **Need for System Reform**

- NHS started in 1948
- High levels of oral health need
- 'Fee per item' encouraged dentists to treat
- Fluoride toothpastes introduced in 1970s
- Oral health improves
- Need to move to system more for 21<sup>st</sup> century.

# What makes a medical professional?

Principle of primacy of patient welfare

Principle of patient autonomy

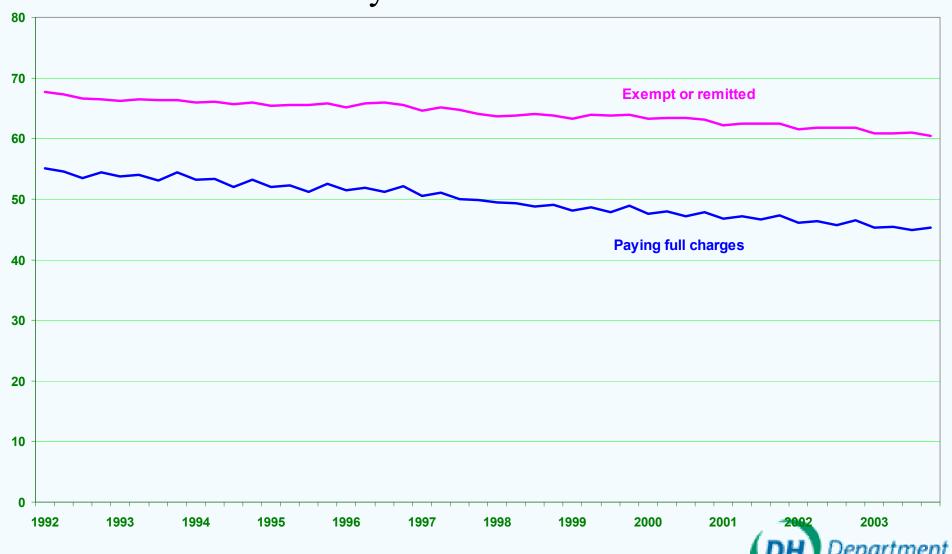
Principle of social justice

## Average gross fees per adult course of treatment



## Percentage of Courses of Treatment which involve any intervention

%



### **Need for System Reform**

#### Dentists say system is .....

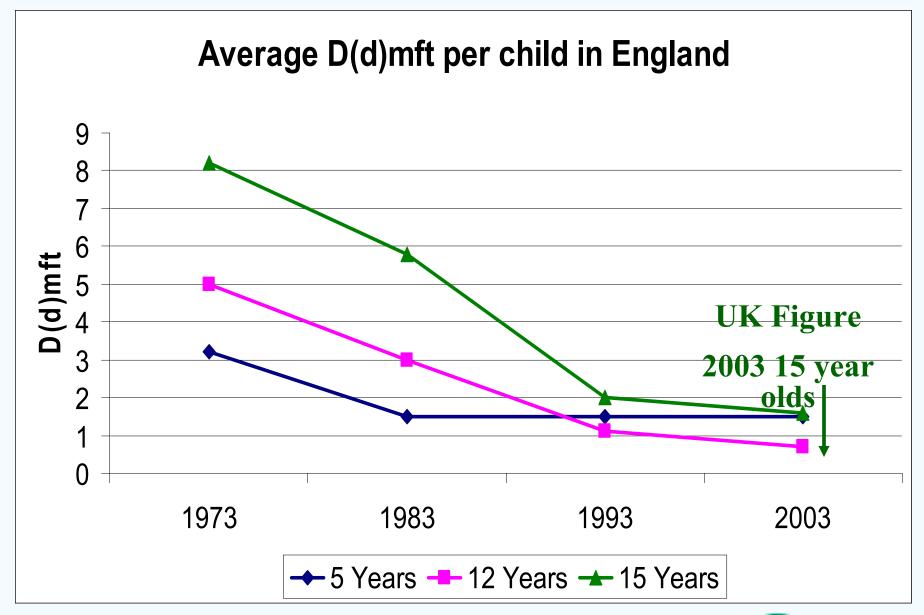
- Payment, time and treatment driven
- Bureaucratic
- Difficult to deliver high quality dentistry

#### This is leading to......

- An increase in private treatment
- Problems in accessing NHS dentistry in some areas

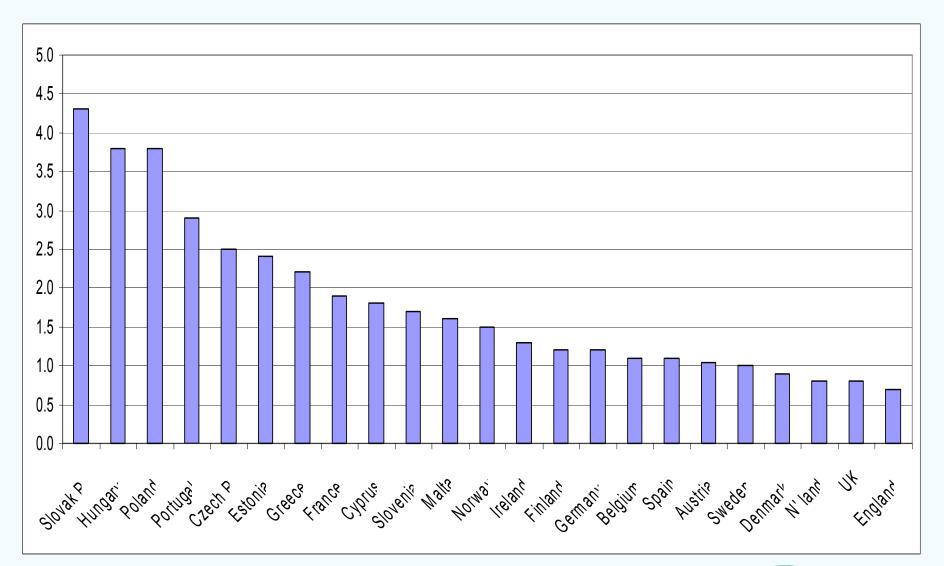
## Oral Health in England





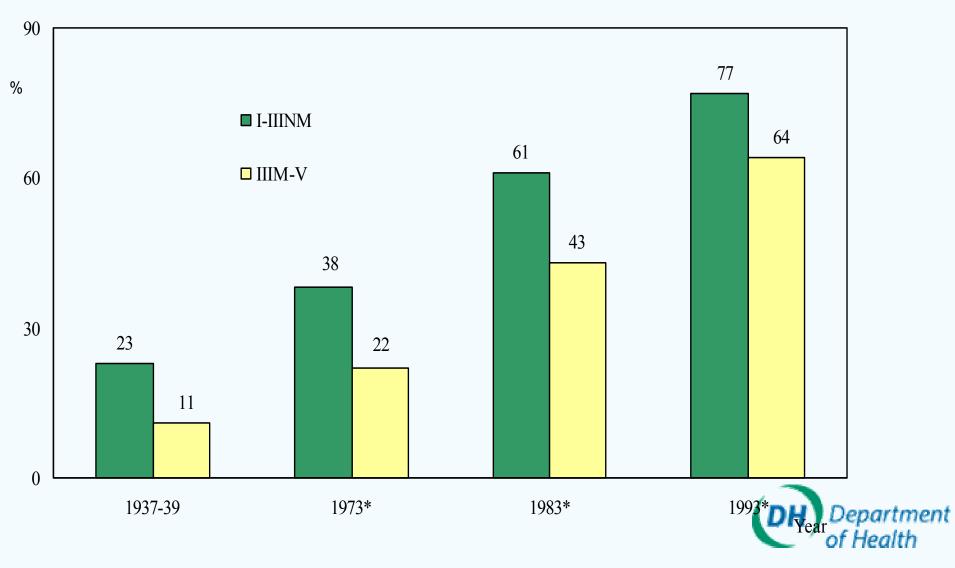


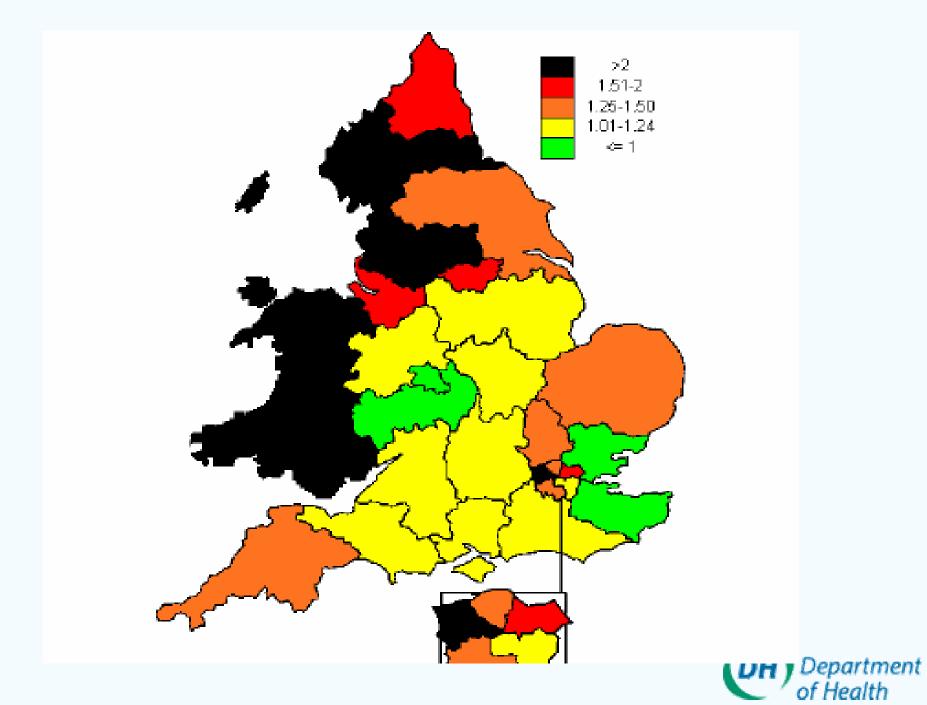
#### **Dental Caries Experience (DMFT) of 12 Year old – Europe**

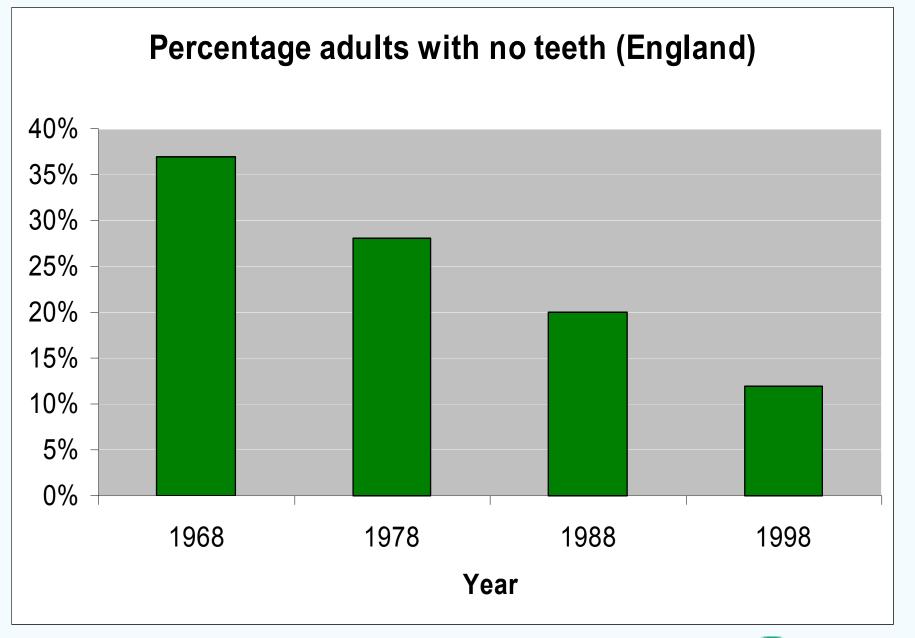




# Changing social class inequalities in children's dental health in Britain 1937-1993: the prevalence of caries-free 5 year olds









## **Oral Health Inequalities**

- Adults in the north of England are twice as likely to have no natural teeth as those in the South
- Wide differences in the oral health of young children between regions
- Oral health related to social, economic and cultural variations



## **Improving Oral Health**

- Tackle the causes of ill-health
- Reduce inequalities
- Personal responsibility for health
- Provide high quality information



## NHS Dentistry New Ways of Working

- Improving oral health
- Improving access to NHS Dentistry
- Reforming and improving NHS Dental services



#### Benefits for the dental team

More time to spend with patients

Less bureaucracy, less pressure

 Ability to work more closely with wider NHS



#### **Personal Dental Services**

Already 25% of dental practices in England are working in new ways:

- Contracting with the NHS to provide care based on need and not just demand
- Dentists paid by agreed courses of treatment completed rather than what they do in a course
- Preventive focus



## Improving access to NHS Dentistry

Increasing workforce

Flexible workforce

Location

Education



### **NHS** dentistry - access

- Dentists not happy with existing NHS contract
- Undertaking more private work
- Less capacity for NHS dentistry
- Skill mix not fully developed
- Increase in female graduates



## Increasing Capacity of NHS Dentistry – short term

- International recruitment
  - 650 whole time equivalent dentists to be recruited by October 2005
  - Current recruitment areas:
  - Poland, Portugal, Spain, India
- Returners to NHS dentistry, circa 100 by October 2005



## Increasing Capacity of NHS dentistry – longer term

25% increase in dental students (2005 intake)

 Increase in numbers of Professionals Complementary to Dentistry

Increasing role of the dental team



#### **Education**

- Process
  - from student application to practising clinician

Dental teaching establishments

- Current developments
  - outreach teaching and beyond

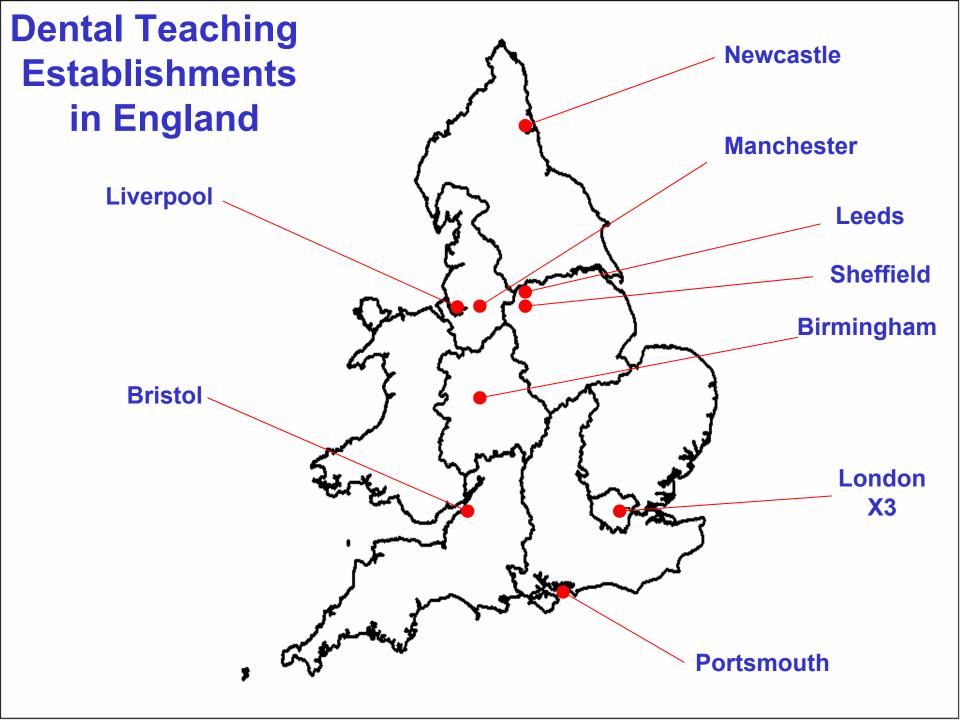


### **Vocational Training (VT)**

The primary aim of VT is educational - enhancing clinical and administrative competence and promote high standards through:

- 12 month structured placement
- Paid a salary of around \$40,000

Dentists must have a VT number before they can have a contract to provide NHS dental services as an independent contractor.



#### Investment

- £250m (\$450m) increase in dentistry budget
- Equivalent to 19.3% growth over two years
- Annual spend on NHS dental services will rise from £1.3 billions (\$2.3 billions)
   to £1.6 billions (\$2.9 billions)



#### **Dentistry Spending per Head of Population**

