

# **Review of Access to NHS Dentists within the Dover District**

**Report of the Scrutiny (Environment and  
Transport) Committee**

**October 2005**



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# **Section 1: Foreword by the Chairman and Controlling Group Spokesperson**

***An introduction to the review on behalf of the Scrutiny  
(Environment and Transport) Committee by the Chairman,  
Councillor Jim Hood and Controlling Group Spokesperson,  
Councillor Andrew Richardson***



## Foreword



**Councillor Jim Hood**

Chairman of the Scrutiny (Environment and Transport) Committee

*"Access to NHS dental care is an important issue for the people of our District and Members of the Scrutiny (Environment and Transport) Committee have listened carefully to the views of local dentists, the East Kent Coastal Teaching Primary Care Trust and patients about the current level of service.*

*Far reaching changes are being faced by the NHS dental profession and an enormous task is faced in encouraging dentists to support the NHS rather than to provide private treatment which is invariably more rewarding financially.*

*I believe that our research has been useful and our recommendations are sensible.*

*The East Kent Coastal Teaching Primary Care Trust has already expressed gratitude for the survey undertaken in to views of the Citizen's Panel and I am hopeful that our points are received favourably by all the parties concerned."*



**Councillor Andrew Richardson**

Controlling Group Spokesperson of the Scrutiny (Environment and Transport) Committee

*"Concern about the difficulty that many people in Dover District experience in trying to get access to an NHS dentist has been growing for several years. This review seeks to explore this issue in depth, and to provide a firm evidence base which will enable the District Council to better represent the interests of its residents in this important matter. The fact that the Government is about to implement new contractual arrangements for NHS dentistry makes this review very timely, and it is to be hoped that the evidence gathered by the Committee will be of use beyond the confines of Dover District Council."*

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Chairman of the Scrutiny (Environment and Transport) Committee

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Controlling Group Spokesperson of the Scrutiny (Environment and Transport) Committee



## **Section 2: Scope and Process Report**

*An overview of the terms of reference of the review and the process of enquiry used in preparing the report*



# Scope and Process Report

## **Introduction**

- 2.1 The Scrutiny (Environment and Transport) Committee identified a priority list of health issues it wished to examine following the incorporation of the Health Scrutiny Protocols in to the Council's Constitution. The first topic to be scrutinised has been access to NHS dentists within the Dover District because of the apparent lack of provision as reported by constituents to Ward Councillors and as also identified in the local media.
- 2.2 High quality, readily accessible services will improve the health and well being of residents within the District. Therefore, this Review can be linked to the priorities and long term goals of the District's Community Strategy and the Corporate Plan in terms of health promotion and consultation and engagement with the local community.

### **Stage 1: Methodology**

- 2.3 A Project Plan for this review has been developed by the Committee which outlines the background to the project, terms of reference, organisational impact, timescale and participants for the review. This is attached at Appendix A.
- 2.4 Initially, the terms of reference for this Review were wider than specified in the final version of the Project Plan in seeking to review private provision, waiting times for routine and emergency appointments in respect of NHS and private patients and the respective costs of NHS and private treatments. However, as the Review has progressed it has become necessary to develop a clearer focus by examining the availability of NHS dental care with particular regard to changes to contractual arrangements as this appears to be the key issue that will influence future NHS provision.

### **Stage 2: Research**

- 2.5 The research for this Review has involved studying secondary source material in the form of Government information, reports of the Department of Health, information on web sites, articles within professional journals and reviews conducted by other local authorities.

### **Stage 3: Investigation**

- 2.6 Investigations have involved obtaining primary source material from local dentists, the public and NHS organisations through a customer survey and direct inquiries of key stakeholders, namely the Kent and Medway Strategic Health Authority, the East Kent Coastal Teaching Primary Care Trust, local dentists and the public at meetings of the Scrutiny (Environment and Transport) Committee.

### **Stage 4: Final Analysis**

- 2.7 The final report on the Review has been presented to the Scrutiny (Environment and Transport) Committee at its meeting on Wednesday 26 October 2005. The

Committee has made a number of recommendations to the Council which are set out at pages 21 to 22.

## **Section 3: Research Report**

*Details of the issues examined by the Scrutiny (Environment and Transport) Committee*



# Research Report

## Introduction

- 3.1 Access to NHS dentistry is a key issue facing not only this district but the region and nation as a whole. In 1999, the Government pledged that everyone would be able to access an NHS dentist within two years. However, that pledge has proved difficult to fulfil as this is an extremely complex problem. Improving access to NHS dentists is difficult to achieve in view of the financial rewards available to dentists who provide private dental care.
- 3.2 At the outset of the review a distinction was made between the ability to register with an NHS dentist and the ability to access NHS Dental Care for emergency treatment. The introduction of Dental Access Centres enables people who are not registered with a dentist to obtain emergency treatment or a short course of treatment. Therefore, this aspect of the service has not been examined in detail. The Committee has been concerned however that many people are unable to register with an NHS dentist and as a consequence they are not provided with regular, preventative dental care. Recent reports in the local media and information passed to DDC Members from their constituents have shown that access to NHS dental care within the Dover District is poor and this is a major issue for local communities. Additionally, taking in to account the proposed residential developments within the District such as at Aylesham, any failing in the current provision is likely to be compounded should there be an increase in the local population.
- 3.3 Research has shown that the Dental profession is facing significant changes with regard to NHS contractual arrangements and patient charges. The new arrangements aim to provide greater access to NHS dentistry for all, improving oral health and enabling NHS dentists to spend more time with each patient and avoiding a "treadmill" of treatments. This will be achieved through the replacement of the current system by which dentists are paid per treatment on a piecemeal basis by a salary based system where dentists will be paid in 12 monthly instalments. The amount they receive will be based upon the historic gross earnings under the existing statement of dental remuneration of the dentist(s) between 1 October 2004 and 30 September 2005. A further change to the current system is that Primary Care Trusts (PCTs) will become responsible for commissioning services and will negotiate the new contracts with dentists directly.
- 3.4 In July 2004, a report by the Chief Dental Officer of the Department of Health entitled; "NHS Dentistry: Delivering Change", stated that new working arrangements for NHS dentists would be implemented shortly with reforms such as recruitment of an extra 1,000 NHS dentists by October 2005, additional funding of over £250 million per year from 2005/06 and the expansion of training places for dentists by 170 places.
- 3.5 A report on the proposed changes was issued by the National Audit Office in November 2004 entitled "Reforming NHS Dentistry: Ensuring Effective Management of Risks". This report is generally supportive and identifies that the new contracts should act as an incentive for NHS dentists as they will be able to undertake a greater amount of preventative work without being penalised financially. However, it highlights the risk that as a consequence of the contractual reforms some dentists may reduce their NHS commitments.

3.6 In September 2005, the British Dental Association (BDA) issued a statement which conveyed its belief that the proposed reform programme will fail to deliver for patients and will alienate the dental profession. The Chairman of the BDA's General Dental Practice Committee stated that:

"The Government's proposals for NHS dentistry add up to a wasted opportunity and will do nothing to solve the current problems experienced by many people who struggle to find a dentist. Our message to the Government is that they need to look again at the new contracts they're offering the profession and take seriously the concerns that are being raised by the BDA."

3.7 In October 2005, the Department of Health issued guidance notes on the new contractual arrangements and the move to local commissioning of primary dental services by PCTs. The letter and guidance circulated by the Acting Chief Dental Officer for England, Barry Cockcroft is attached at Appendix B. It stresses that the changes seek to improve access to NHS dentists, to improve the working lives of dentists and to move away from a piecemeal service towards a more preventative approach. It states that a 25% expansion of dental undergraduate places has been achieved this year with the first intake of students starting in Autumn 2005. The qualification period for dentists is five years. The Prime Minister has added to the debate recently by stating that dentistry is the "most difficult aspect of the NHS. We can't turn the clock back, because I can't force dentists to come back into the NHS."

3.8 With this background information in mind, the Committee has endeavoured to conduct a structured programme of inquiry to establish the views of all interested parties. Details of these inquiries are set out below.

#### **Evidence from the Kent and Medway Strategic Health Authority**

3.9 The Consultant in Dental Public Health from the Kent and Medway Strategic Health Authority attended a meeting of the Committee on 13 July 2005 to provide an unbiased perspective on a number of issues facing NHS dentistry. A list of the key themes addressed are attached at Appendix C.

3.10 From April 2006, PCTs will be allocated funding from the Department of Health according to the number of NHS dentists within the Primary Care Trust area. NHS dentists will be provided with funding based upon historical data of the volume of work that they have undertaken during the period 1 October 2004 to 30 September 2005. This funding will be cash limited and dentists will no longer receive payment for NHS work on a piecemeal basis. The SHA hopes that these changes will enable dentists to spend more time with NHS patients and offer more preventative care than under the current system.

3.11 There will also be a change in patient charges from April 2006. A 3 tier banding system will be introduced as follows:

Band 1:	Basic treatments (examinations etc)	Approximately £15
Band 2:	Restorative work (fillings etc)	Approximately £45
Band 3:	Complex work	Approximately £145

3.12 The SHA recognises that demand for NHS dentistry across the East Kent area is very high and local NHS practices are overwhelmed with registration demands.

- 3.13 The SHA also recognises that it is highly probable that many people who are registered with a private dentist have done so because they have been unable to register with an NHS dentist. However, such information is not officially recorded.
- 3.14 Whilst the SHA acknowledges shortcomings with existing arrangements it does not have a primary role to address these issues in addition to providing support for PCTs and monitoring their performance.

### **Evidence from local NHS Dentists within the Dover District**

- 3.15 The views of six local dentists have been considered along with written evidence in the form of a selection of articles relevant to the enquiry have been submitted to the Committee by another local dentist.
- 3.16 None of the local dentists who have provided evidence as part of the review are currently registering new NHS patients and only one local practice is registering people from vulnerable groups such as those in receipt of benefits.
- 3.17 One local practice which opened in 2002 now has a patient list of 7,000. This practice accepted new NHS patients in 2005 and the Committee has been advised that there was a queue of approximately 500 people outside the surgery at 7.00 am on registration day. One local practice stated that approximately 40 telephone calls were received on a weekly basis from people who wanted to register with an NHS dentist. Dental Access Centres attempt to help patients find an NHS dentist with whom they can register but due to the current shortage, this may not always be in a suitable geographical location. Funding is also being reduced on an annual basis for these centres.
- 3.18 Uncertainty over the proposed new contract arrangements and a fear that the income for NHS dentists will decrease under the new system have been expressed by dentists. Additionally, the new contract may not prove attractive to new NHS dentists and they may be inclined to offer private treatment only. The dentists stressed that greater clarity on the new contractual arrangements is needed in order to ensure current providers do not leave the NHS prior to April 2006.
- 3.19 Local dentists are concerned that the new contract arrangements may eventually lead to a two-tier system of dentistry within the UK under which the standard of treatment received depends upon patients ability to pay. Dentists expressed a desire to continue providing NHS dental care but stressed that it is proving more and more difficult financially to remain committed to the NHS.
- 3.20 Local dentists wish to have more regular meetings between themselves and PCTs to ensure ongoing consultation and a free flow of information. It has been suggested that newly qualified dentists should be required to work for the NHS for a specified period of time after completing their training rather than being able to immediately set up a private practice.

### **Evidence from the Citizen's Panel Survey**

- 3.21 A survey has been conducted of 100 members of the Council's Citizen's Panel (selected at random) and the questionnaire placed on the DDC website for other members of the public to complete (the questionnaire is attached at Appendix D and the results at Appendix E). In order to obtain as much information as possible, the

questionnaire was structured so that it could be completed by more than one member of a household. The survey has been extremely successful with a response rate of 62%.

- 3.22 The results of the survey have shown that many people are only registered with a private dentist as a consequence of being unable to register with an NHS dentist with 36.6% of respondents being registered with a private dentist through personal choice and the remaining 63.4% being registered privately as they are unable to register with an NHS dentist.
- 3.23 The survey also shows that 75% of people who are not registered with any dentist are in this position because they cannot find an NHS dentist and private dental care is too expensive.
- 3.24 It is noted that 21.5% of respondents travel between 5 and 10 miles to visit a dentist. However, this may be due in part, to the fact that there are many rural areas within the District.
- 3.25 The majority of respondents have expressed a general dissatisfaction with both access to an NHS dentist within the District and with the current level of care and service provided by the NHS.

#### **Evidence from the East Kent Coastal Teaching Primary Care Trust**

- 3.26 The information gathered from the PCT has come primarily from the responses given by the Director or Primary Care Development/Assistant Chief Executive to key questions set by the Committee (the key questions are attached at Appendix F).
- 3.27 In 2004, approximately £1 million was invested by Central Government in to NHS dentistry in Kent and the EKCTPCT has received £182, 854 specifically for dental care.
- 3.28 40% of the PCT population is registered with an NHS dentist. This represents 97,000 people out of a total PCT population of 240,000.
- 3.29 Information on waiting times for appointments and a full list of NHS dentists within the Dover District is attached at Appendix G, which also gives details of whether the practice is currently registering new NHS patients. Between 1 June 2002 and 31 May 2005, 79 NHS contracts have been opened and 80 were closed; a net loss of one contract.
- 3.30 The PCT has identified forthcoming changes to the current system of contracts for NHS dentists as it will become responsible for commissioning primary dental services from April 2006. The aim of the new contractual arrangements is to ensure that each patient is provided with the appropriate clinical care they require.
- 3.31 The current system of six monthly check ups for all patients will cease and dentists will not deregister patients if they have not had an appointment for more than 6 months. This is a Government initiative to enable dentists to operate more flexibly and allow current patient lists to expand. It is not always necessary for such regular checks to be conducted and under the new contract, dentists will no longer be paid on the basis of the number of check ups completed or the amount of work carried out. The Department of Health has not yet provided final budgets for the new system and work is still being conducted on the historical activity of dentists which will form

the basis of future contract payments. The EKCTPCT anticipates that final figures will be presented in December 2005/January 2006 and the new arrangements will be implemented in April 2006.

- 3.32 The PCT stresses that consultation will continue with local dentists to ensure that all relevant information is provided and that practitioners have a full understanding of the new arrangements.
- 3.33 After April 2006, the PCT will have greater control over future sites for dental surgeries and any funding that is available will be targeted at those areas where there is a lack of provision or poor access. The PCT has provided some capital finances to local dentists to enhance their service provision on condition that NHS care continues to be offered at the surgery.
- 3.34 The PCT emphasises that it understands and is sympathetic to the real difficulties faced by local people in accessing NHS dental care and the concerns of local dentists over the new contractual arrangements. It has indicated that there will be an additional 7,700 registrations made across the PCT area in the next year as well as an extra 26 hours per week of dental access sessions. This has been achieved in part by the successful recruitment of Polish dentists. Recruitment has been conducted overseas to secure additional dentists. Presently, 4 Polish dentists have been secured by the EKCTPCT. The standard of qualifications held by these dentists is the same as that of UK trained dentists and patients have received them favourably. Initial relocation costs of approximately £5,000 are paid to each dentist by the PCT. A Dental Action Plan has also been submitted to the Department of Health.
- 3.35 The PCT cannot express total confidence that NHS dental care will be provided to all people within the District who required it at all times, but it is working towards this objective. It will continue to work hard to secure new General Dental Services contracts, there should be no deterioration in service provision and the PCT is in fact confident that significant improvements will be made.
- 3.36 It has been stressed that with regard to the concerns of local dentists over the feasibility and effectiveness of the new contractual arrangements, the Department of Health is finalising arrangements in consultation with the British Dental Association and the General Dental Council to ensure direct input from the profession and its representatives.
- 3.37 Finally, the PCT has stated that the results of the Citizen's Panel survey will be useful when it comes to assessing NHS dental access needs and the PCT has expressed its appreciation for the work that has been conducted.



## **Section 4: Recommendations**

***Summary of the recommendations of the Scrutiny  
(Environment and Transport) Committee to Council and the  
views of Corporate Management Team***



## Recommendations

- 4.1. Following the Review of Access to NHS Dentists in the Dover District by the Scrutiny (Environment and Transport) Committee, the recommendations that are made are as follows:

That it be recommended to Council:

- (a) That letters be sent to the Minister for Health outlining this Council's grave concerns:
  - (i) that the new General Dental Services contract for NHS dentists will not fully address the current lack of NHS dental provision
  - (ii) that a move away from six monthly check ups fails to support a preventative approach to dental healthcare
  - (iii) that consultation over contracts be undertaken again with the appropriate dental professional organisations to reassess future proposals for NHS dentistry, particularly in view of the recent criticisms from the British Dental Association and the real concerns of dentists themselves as highlighted by this review.
- (b) That in addition, it be requested that information be provided regarding whether the objectives outlined in the Department of Health report "NHS Dentistry: Delivering Change" (July 2004) as listed below have been achieved:
  - (i) Recruitment of the equivalent of 1000 new NHS dentists by October 2005
  - (ii) Additional funding for NHS dentistry of over £250 million per year from 2005/06
  - (iii) Expansion to provide 170 additional training places for dentists
- (c) That a letter be sent on behalf of this Council to the East Kent Coastal Teaching Primary Care Trust stressing the urgent need for further consultation with NHS dentists to ensure clarity over the future General Dental Service contract proposals and that the results of the Citizen's Panel survey be provided to illustrate the need for better access to NHS dentists.
- (d) That the East Kent Coastal Teaching Primary Care Trust be requested to provide a copy of its Dental Action Plan that is currently be considered by the Department of Health and that the response of the Department of Health be made available to this Council.
- (e) That a letter be sent on behalf of this Council to the Chairman of the KCC NHS Overview and Scrutiny Committee urging that a County wide review of access to NHS dentists be undertaken with a view to exerting further pressure

upon the Department of Health to re-evaluate future proposals for NHS dentistry.

#### 4.2 CMT's comments:

CMT fully endorse the recommendations of the Scrutiny (Environment and Transport) Committee to write to the Minister, the PCT and to Kent County Council highlighting the findings of the scrutiny review and requesting action.

CMT thank all those involved for their contribution to a valuable piece of work which emphasises a very real issue in the District affecting the community at large, but particularly, the most vulnerable and will continue to press for answers.

## Section 5: Appendices

Appendix A: Project Plan

Appendix B: Letter and Guidance circulated by the Acting Chief Dental Officer for England, Barry Cockcroft

Appendix C: Key themes addressed by the Consultant in Dental Public Health for the Kent and Medway Strategic Health Authority

Appendix D: Questionnaire sent to the Citizens Panel Representatives

Appendix E: Results of Survey

Appendix F: Key Questions

Appendix G: Information on waiting times for appointments



## Scrutiny (Environment & Transport) Committee

### Scrutiny Project Plan

#### Health Scrutiny Provision of Dentist surgeries within the Dover District

<i>Accepted by (Project Sponsor(s)):</i>	Date:
Councillor G J Hood, Chairman of the Scrutiny (Environment & Transport) Committee	9 February 2005
Councillor P Dawkins, Spokesperson of the Scrutiny (Community and Regeneration) Committee	9 February 2005
<i>Accepted by (Project Manager):</i>	Date:
David Blackburn, Head of Democratic and Members' Services	1 February 2005

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## 1. **Background**

*A brief summary of the history – what, where, when, who, why, how?*

- 1.1 There has been growing concern, both nationally and locally over the provision of and accessibility to NHS Dental services. Members of the Scrutiny (Environment & Transport) Committee are aware that access to high quality dental services is important for the health of their constituents. Local media coverage has shown that problems exist locally and the Committee wishes to establish the choices available to local people and the plans of government and the responsible health authority to improve services

## 2. **Project Definition**

*Project details and anticipated benefits.*

- 2.1 The Review will examine NHS Dental services within the District. It will consider the views of local Dentists, the EKCTPCT and the public in identifying strengths and weaknesses in current service provision.

## 3. **Organisational Impact**

*The impact of the issue upon the Council and/or the District and the risks to the business or services.*

- 3.1 High quality, readily accessible services will improve the health and well being of residents of the District. The Review can be linked to the priorities and long term goals of the District's Community Strategy, which include:

"Improve and promote the range and availability of health services and facilities, and reduce key health problems."

and;

"To consult parents, children and young people in the delivery of effective and efficient services, ensuring their health and well-being."

- 3.2 As the provider of Social Services, KCC is the body that is legally responsible for conducting Health Scrutiny. Protocols have been established and accepted by KCC, the relevant Primary Care Trusts, the Strategic Health Authority and all other local authorities, in accordance with which DDC will conduct its own scrutiny of health issues within the District.

## 4. **Scoping**

*The terms of reference of the review.*

- 4.1 The terms of reference are:
- (a) To establish supply of and demand for NHS Dental services across the District – to include how many dentists across the District offer NHS services; where they are located, what their coverage area is and whether they are currently accepting new NHS patients.
  - (b) To examine public access to NHS Dental services within the District.

- (c) To identify NHS, private and mixed service providers within the District.
- (d) To examine waiting times for routine and emergency appointments in respect of NHS and private patients and the different costs of NHS and private treatments.
- (e) To investigate what options are available to people who are not registered with an NHS Dentist.
- (f) To establish the role of the EKCTPCT and what measures it is taking to ensure the public can access Dental services.

## 5. **Timescale**

*The main stages of the review and associated timescales.*

5.1 The timescale for the review is as follows:

<u>Stages of the Review</u>	<u>Approximate Timescale</u>
Research	March 2005
Participants & Publicity	March 2005
Key Questions	April 2005
Scrutiny Meeting	May 2005
Completion of Review	May/June 2005

## 6. **Research**

*How information will be obtained about the review topic.*

6.1 The review will consist of the following areas for research:

The Committees and Scrutiny Officer will seek:

- (a) To obtain information on the following:
  - (i) NHS Dental Provision
  - (ii) National & Local concerns over Dental Provision
  - (iii) NHS Dental Provision within the District
- (b) To obtain figures/statistics from the East Kent Coastal Teaching Primary Care Trust to show how many people are not currently registered with a Dentist.

## 7. **Participants and Promotion**

*Which parties will be invited to participate and how community engagement will be achieved.*

7.1 The parties that have been identified to contribute to the review are as follows:

<u>Participants</u>	<u>Reason for invitation</u>
Representatives of EKCTPCT	Information on NHS Dental services within the District.

Local NHS & private Dentists	Information on current local provision.
Members of the public	Public experience of gaining access to NHS Dental services.
DDC Planning Department	Information on whether new Dentist surgeries are included in new developments.
Local Press and radio	Promotion.

- 7.2 All parties will be briefed on the nature of the review and receive copies of the key questions in advance of the scrutiny meeting.
- 7.3 All Members of this Council will be invited to attend the scrutiny meeting
- 7.4 Details of the review will be sent to all Dentist and GP surgeries, hospitals and libraries to ensure community engagement is achieved.
- 7.5 Publicity will take the form of an initial advertisement in the local press requesting public contributions and possibly a radio slot if obtainable. The review meeting will be publicised through flyers and posters.

## 8. **Inquiry**

*What inquiries will be undertaken in conducting effective scrutiny.*

- 8.1 Research will be conducted as identified at paragraph 6 above and will form the basis for the review.
- 8.2 A key questions meeting will be held to ensure a focussed approach is adopted.
- 8.3 Local Dentists (NHS & private) will be invited to attend the meeting and give their views on local provision before responding to questions.
- 8.4 The Chief Executive of the EKCTPCT and/or any other appropriate Manager will be invited to provide information on the issues surrounding Dental provision within the District before responding to questions.
- 8.5 Officers from DDC Planning Division will be invited to attend the meeting and respond to questions.
- 8.6 Members of the public will be invited to attend the meeting and an opportunity will be given to consider their views through a procedure to be agreed at the key questions meeting.

## 9. **Contacts and Resources**

*What resources will be required to plan and implement the project and who are the main contacts.*

- 9.1 Promotional materials are likely to cost approximately £150.00, including design, artwork, printing and distribution.
- 9.2 The cost of placing an advert in the local press needs to be ascertained.

- 9.3 The contact officer for the review is Kate Gibbs, Committees and Scrutiny Officer.
- 9.4 The Committees & Scrutiny Officer will conduct research on behalf of the Committee. The need for any additional resources will be assessed after initial research has been completed.

10. **Decision Path**

*What is the decision path for preparing the Project Brief.*

- 10.1 The decision path for this Project Plan is as follows:

Head of Democratic and Members' Services	25 January 2005
Corporate Management Team	28 January 2005
Chairman and Controlling Group Spokesperson	1 February 2005

11. **Circulation List**

*Who has received the Project Brief and whether or not they have been invited to comment upon its contents.*

11. This Project Brief is subject to consultation and will be circulated to the following persons/parties:

Members of the Scrutiny (Environment & Transport) Committee  
The Leader of the Council  
The Portfolio Holder for Access  
Members of Corporate Management Team

12. **Project Authorisation**

*Who are the Project Sponsor(s) and Project Manager.*

- 12.1 Project Sponsor(s):

Councillor G J Hood, Chairman of the Scrutiny (Environment & Transport) Committee and Councillor P Dawkins, Spokesperson of the Scrutiny (Environment & Transport) Committee

- 12.2 Project Manager:

David Blackburn, Head of Democratic and Members' Services.

Gateway Approval Reference Number: 5584



**From Barry Cockcroft**  
**Chief Dental Officer for England (Acting)**

*New Kings Beam House*  
*22 Upper Ground*  
*London*  
*SE1 9BW*

7 October 2005

*Tel: 0207 633 7907*  
*Fax: 0207 633 7665*

**Information: All NHS dentists**

Dear Colleague,

You are probably aware that Professor Bedi has completed his term as Chief Dental Officer and has returned to his post at Kings College, London. He will now take forward the establishment of a global taskforce to improve child dental health. I am taking up the role of Chief Dental Officer on an acting basis from 1st October. Tony Jenner will become Acting Deputy Chief Dental Officer at the same time.

As a dentist I have spent almost my entire career providing general dental services, latterly under a Personal Dental Services agreement. I feel honoured to have been asked to fill this role at such an important time. I know that the current proposals to reform dentists' contractual arrangements are causing concern among dentists. My main aim in the forthcoming months is to discuss these issues openly with dentists and explain the benefits of the new system.

I know from my discussions with dentists across the country that most people are unhappy with the existing GDS contractual arrangements. In contrast, PDS pilot schemes have proved popular with dentists and patients and both types of new contract – PDS and nGDS – offer the benefits of PDS pilots to all practitioners. The draft regulations governing these contracts were published in August to allow early discussion and comment. We have received many responses already and I would urge you to give the regulations your consideration if you have not already done so:

<http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Dental/fs/en>

It is clear to me that we need to do more to explain to dentists how the new arrangements will work and what the benefits will be. The attached document provides a synopsis and I hope it clarifies the key issues concerning you now.

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Gateway Approval Reference Number: 5584

Those of you in the salaried service are currently considering 'Commissioning a patient led NHS'. The Department has already indicated that we expect any changes to be sensibly managed and I shall keep you updated on future developments. As you may have seen, John Bacon wrote to SHA Chief Executives on 26 August explaining that any changes in service provision should not impact until 2008. PCTs have been asked to consider any changes in service provision in light of the consultation exercise to inform the White Paper 'Your Health, Your Care, Your Say'. This applies to the salaried dental service as much as it does to any other NHS service.

I am certain that the new contractual arrangements offer a good deal for dentists, removing the item of service treadmill and replacing it with a more appropriate service for dentists and patients alike. It is important that you take some time to understand the new contractual arrangements.

I look forward to meeting many of you over the next few months.

Yours sincerely

Barry Cockcroft  
Chief Dental Officer for England (Acting)



## **IMPLEMENTING LOCAL COMMISSIONING ARRANGEMENTS: KEY MESSAGES FOR DENTISTS**

This document has been specifically prepared with dentists in mind and will be updated in the future.

### **1) Background**

#### **Why are we making these changes to NHS dentistry?**

The reforms we are making respond to long-standing concerns from the profession about the current GDS system. The Government wants to:

- promote a dental service that is clinically effective and encourages best practice;
- improve the quality of dentists' working lives;
- improve access to service for NHS patients;
- move away from item of service and encourage fewer interventions, freeing up time for a more preventive approach.

We have already significantly reformed and invested in NHS dentistry:

- additional funding of around 20% for primary care dentistry since 2003/04 (which will now be built into baseline funding for 2006/07 and beyond);
- addressing workforce issues, both via the recruitment of domestic and international dentists; and a 25% expansion of dental undergraduates, with the first intake of students starting their courses this Autumn;

The reforms should also be seen in the context of the wider strategy for continuing to improve oral health. Twelve year olds have the best dental health in Europe, but pockets of inequality remain. Powers now exist to fluoridate the water supply. We expect to publish an oral health strategy shortly.

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Gateway Approval Reference Number: 5584

**What do the new contractual arrangements mean for dentists in General Dental Services (GDS) and Personal Dental Services (PDS)?**

**GDS**

Dentists in GDS will have a guaranteed NHS contract and their gross NHS turnover will be protected in return for a defined level of NHS commitment.

This commitment will be measured in terms of weighted courses of treatment (or 'units of dental activity' as they are described in the draft contract regulations). In return for a stable, guaranteed NHS income, dentists will be expected to carry out 95% of the weighted courses of treatment provided during the historic test reference period. The bigger time saving (based on the experience of PDS) is that the treatments done within each band tend to be fewer and simpler.

**PDS**

The legislation underpinning the pilot schemes is being revoked on 31<sup>st</sup> March to allow substantive schemes commissioned by PCTs to take their place. The aim is to ensure as smooth a transition as possible from the current PDS pilots to substantive schemes. However, this does mean 're-setting' the current PDS agreements to reflect the new legislative framework. PDS arrangements also need to be brought into line with the proposed new system of patient charges, which will be simpler and fairer for NHS patients.

In most respects, we would expect new PDS agreements to reflect the original pilot agreements, bearing in mind the business decisions which dentists have already made. The gross contract value will be at least that of current agreements, and the length of the agreement will be at least that of the unexpired part of the pilot agreement.

To ensure a consistent basis for measuring the level of service provided, PCTs and dentists will need to agree weighted courses of treatment, together with any additional agreed activity (not related to courses of treatment). It is important to emphasise, though, that this is designed to reflect the new ways of working piloted through PDS, including the option of oral health promotion activities by dentists. The starting point in agreeing an appropriate level of weighted activity will be the current PDS levels of activity -not former levels under the GDS 'treadmill'.

**What is the significance of the new system of patients' charges?**

The new system of patients' charges is designed to be simpler and easier for patients to understand. It will also ensure that patient charge revenue does not fall as a result of appropriate reductions in item of service provision.

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Gateway Approval Reference Number: 5584

### **Other important points**

Responsibility for arranging Out Of Hours care passes to the PCT.

Maternity, paternity and long-term sickness pay will be extended to all dentists on the performers' list.

Dentists' existing NHS pension entitlements are not affected by these changes.

### **2) Myths/ Frequently Asked Questions**

- Just exchanging one treadmill for another.

This is simply not the case. Over the course of a year you will be expected to provide a certain number of courses of treatment weighted by their complexity. But it will be 5% fewer than the number you provided in the test period. Moreover, experience of PDS indicates that fewer items of service are provided within each course of treatment. This will free up more time to spend with patients (including oral health care advice and prevention), allow you to better manage your workload and get away from the item of service treadmill.

- PCTs will control our business.

As the contract holder you are responsible for delivering the agreed level of service. How you arrange your time, your appointment book and the work of other members of your team is a matter for you and you alone. The purpose of the new arrangements do not allow PCTs to interfere with the day to day operation of a dental practice.

- We won't be able to see our regular patients.

Far from it, you are encouraged to maintain continuity of care (in accordance with NICE guidelines) for those patients who choose to come to your practice. It is for you, in discussion with the PCT, to decide whether to set aside time to see patients requiring urgent treatment, but this should not be at the expense of your care for regular patients. One of the most successful aspects of PDS has been dentists' ability to balance the care of regular patients with new walk in sessions or health promotion activities. We do not want to lose this flexibility in the new arrangements.

- We'll have to provide all treatment on the NHS, including implants and posterior composites.

Rules around mixing are largely unchanged (the restrictions on mixing on the same tooth are removed). But there will be greater clarity for patients under the new banded patient charging system. You will have to provide all treatment that is necessary to maintain a patient's oral health as is now the case. This does not mean providing treatments which are not clinically

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necessary, as may be the case with posterior composites. Implants are not primary dental services, but may be available on referral, if commissioned by the PCT. All patients have different needs and dentists will be able to exercise their clinical judgement rather than being restricted by a set of rules and prior approval

- We won't be able to have a children only list.

The new arrangements extend to dentists the situation that already exists for general medical practitioners, reflecting the principles of an accessible NHS service. We do not intend to stop you continuing to provide ongoing care to your existing patients.

- We'll have to deal with more bureaucracy.

There is much less bureaucracy. On the 31<sup>st</sup> March we will revoke 40 sets of regulations and replace them with three. You do not have to claim for each and every item of treatment and there is less data to be provided for each patient. The information required by the new Business Services Authority will reduce. There will be no time-consuming prior approval though PCTs will need to assure themselves that a reasonable level of dental care is being provided to the local population.

- Patients will ask for more treatment.

Most patients will welcome the fact that the new way of working involves fewer interventions, fewer restorations and more opportunities for prevention. Some may ask for more treatments, particularly those of a cosmetic nature, which you are not obliged to provide as NHS primary dental services if they are not clinically necessary. The treatment you offer under the NHS must be necessary to maintain their oral health as is the case now. The Department will be providing a patient information leaflet and posters to put up in surgeries explaining the changes.

- Going into early PDS was a waste of time as we'll have to rip up the contract and start from scratch in April 2006.

PDS was not a waste of time. You have been benefiting from being able to work outside the item of service structure and experience shows that this has proved popular with both dentists and patients. The key lessons from new ways of working have been reflected in the nGDS contract: the move away from the 'drill and fill' treadmill; more time with individual patients; and the opportunity to engage in health promotion and prevention work. From next April you will have the choice of a GDS contract or PDS agreement. If you choose PDS, your current PDS agreement will need to be revised to a permanent PDS agreement and take account of the new ways of monitoring your commitment, by moving to weighted courses of treatment, typically reflecting your historic commitment in the test period.

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- There's no security after the three year guaranteed contract period.

PCTs will still have obligations under the new legislation to provide a reasonable level of service after 2009. They must secure primary dental services for their population, for which they will need dentists, and the Secretary of State will continue to issue directions as to what payments must be made to dentists.

- The new contract provides no incentives for prevention or health promotion. It's still based on units of dental activity.

'Units of dental activity' are the technical term used in the draft contract regulations to describe weighted courses of treatment. They refer to the whole course of treatment, not just individual items. Experience in PDS pilots has shown that there are fewer interventions carried out within courses of treatment, freeing up more time for oral health advice and promotion. Next April all dentists in NHS primary care will have the opportunity of working in this new way.

- There is no clarity about what treatment can be done on the NHS and what has to be done privately.

Dentists are highly skilled professionals who can be relied on to advise what care is in the patient's best interests. Treatment offered under the NHS should be necessary to improve oral health and should be long-lasting. Treatments given for either cosmetic reasons, or reasons other than oral health improvement, should not be provided on the NHS. All patients have different needs and dentists will be able to exercise their clinical judgement rather than being restricted by a set of rules and prior approval.

- We won't be able to charge patients for missed appointments – and our traditional income from charging for missed appointment won't be included in our contract value.

Charges for missed appointments are only allowed under the current system where there is a direct loss of income. We think it is very unlikely that the level of missed appointments would seriously threaten a practice's ability to carry out the level of annual weighted activity agreed in the contract. We recognise this is a sensitive issue and will discuss it further with the profession. We will also make sure that there is guidance available to the NHS and to the profession on how to manage appointments in ways that minimise missed appointments without financially penalising patients.

- When will I know my contract value?

Actual contract values and weighted courses of treatment (for GDS dentists) will be sent to PCTs and dentists by the end of November. We will also provide information about PDS activity to support PCTs and practices in agreeing appropriate levels of weighted courses of treatment

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Gateway Approval Reference Number: 5584

- Why are you devolving budgets to PCTs?

One of the main benefits of local commissioning for the NHS is that it gives local health communities increasing influence about how primary care dental services for their area are developed to meet local needs. At the moment, when a dentist leaves the NHS or reduces their NHS commitment, the PCT has no power to replace the lost capacity. With local budgets, PCTs retain the funding for dentistry when the dentist leaves the area and can contract with another dentist to replace the lost capacity.

- What happens if I don't sign a new contract by April?

If you decide not to join the new arrangements, it is open to you and the PCT to agree a fresh contract at a future date, but there is no guarantee of this – and no guarantee that any new contract would have the same value. You should understand that making no decision at all means you may be unable to practice NHS dentistry after 31<sup>st</sup> March. In contrast, provided your new GDS contract or PDS agreement is in place by April, you will be guaranteed a minimum annual contract value based on your gross NHS income during the test period.

- What happens if a dentist completes his units of dental activity well ahead of the year end?

We would expect your working time to sensibly reflect the contracted activity over a twelve month period, remembering that you are no longer being paid for each individual item of service but for an overall level of activity over the course of a year. If you find you have additional capacity, you should discuss this with your PCT.

- Will the changes affect my cash flow

Around the change over period you will have to submit all incomplete treatments. This means that at some point in April or early May you will receive your normal GDS payment, a payment for incomplete GDS treatments and the first of your payments under the new system. You should be aware that this will have an impact on payments to the Inland Revenue at the end of the year and make appropriate arrangements.

Dear Christopher,

Please see below for the issues the Scrutiny (Environment & Transport) Committee wish to receive information on at their meeting on **Wednesday 13 July 2005**.

The meeting will be held at the Council Offices in Whitfield, Dover at 6.00pm. I will also send you a letter of invitation explaining the process in more detail.

1) An explanation of the new dental contract for NHS Dentists (Personal Dental Services): how does it work in practice, what are its underlying principles, is this supported by the British Dental Association, how will this help people gain access to an NHS Dentist.

2) Information on the practice of recruiting dentists from overseas - qualifications, relocation costs etc.

3) Information on waiting lists of NHS Dentists in the District.

4) Statistical information on the number of NHS Dentists that have left the NHS in the past five years in this area and the reasons for this.

5) How will the 1,000 new Dentists the Government aims to recruit this year be distributed across the country and how is this recruitment drive going so far.

6) Whether any information has been gathered to show how many people are currently registered with a private dentist purely because they have been unable to register with an NHS Dentist.

If you have any further queries, please do not hesitate to contact me and I look forward to meeting you in July.

Kind regards,

Kate

## Scrutiny Research Project

### Review of Access to NHS Dentists within the Dover District

#### Citizens Panel Questionnaire

We are aiming to reach as many individuals as possible with this survey. Therefore, it would be most helpful if you could fill out the questionnaire and also invite other members of your household to complete it. This survey is anonymous however we would be grateful if you could provide your age group and post code as this information will assist in compiling results for example whether people of a certain age group within a certain area have particular issues surrounding dentistry.

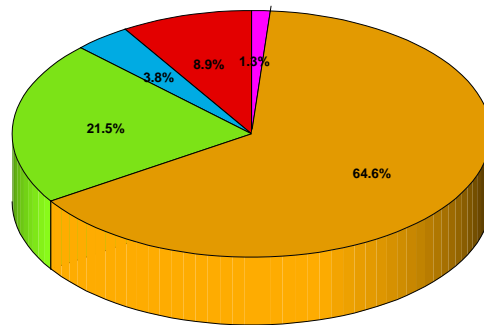
	You	1	2	3	4
	(relates to the other members of your household)				
<b>Q1. Age Group:</b>					
Under 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 – 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35 – 45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55 – 65	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q2. Please state your Post Code:</b>	_____				
<b>Q3. Please tick the statement that applies to you and/or members of your family:</b>					
I am currently registered with an NHS Dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am currently registered with a Private Dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am not currently registered with any Dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q4. If you are not currently registered with any Dentist, please tick the statements that best represent your circumstances:</b>					
I have been unable to register with an NHS Dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been unable to register with a Private Dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	You	1	2	3	4
	(relates to the other members of your household)				
I have been unable to register with any Dentist in my local area and cannot travel further afield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been unable to register with an NHS Dentist and Private Dental Care is too expensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Care/Oral Health is not important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q5. If you are currently registered with a Private Dentist, please tick the statement that best describe your circumstances:</b>					
I am currently registered with a Private Dentist through personal choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am currently registered with a Private Dentist because I have been unable to register with an NHS Dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q6. If you are currently registered with an NHS Dentist, please tick the statement that best describes your circumstances:</b>					
I travel less than 5 miles to attend the Dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I travel between 5-10 miles to attend the Dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I travel between 10-20 miles to attend the Dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I travel over 20 miles to attend the Dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q7. Please use the space below to detail any other comments you wish to make.</b>					
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Kate Gibbs  
Committees and Scrutiny Committee

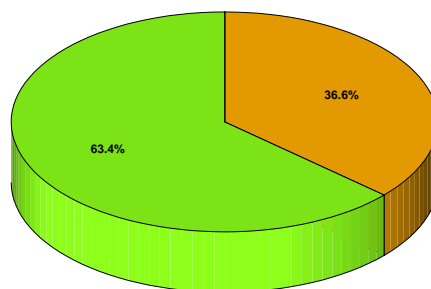
Tel: (01304) 872303  
Fax: (01304) 872353  
Email: [kategibbs@dover.gov.uk](mailto:kategibbs@dover.gov.uk)

Distance travelled to an NHS dentist



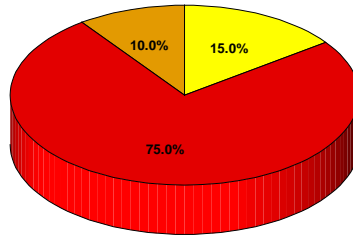
- No reply
- I travel less than 5 miles to attend the Dentist
- I travel between 5-10 miles to attend the Dentist
- I travel between 10-20 miles to attend the Dentist
- I travel over 20 miles to attend the Dentist

I am currently registered with a Private Dentist though:



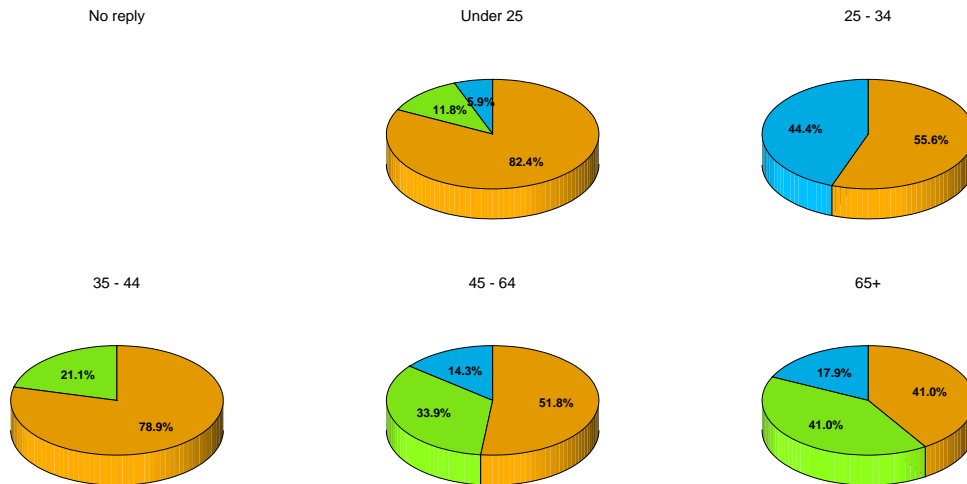
- No reply
- I am currently registered with a Private Dentist through personal choice
- I am currently registered with a Private Dentist because I have been unable to register with an NHS Dentist
- Other

I am not currently registered with any dentist because



- No reply
- I have been unable to register with an NHS Dentist
- I have been unable to register with a Private Dentist
- I have been unable to register with any Dentist in my local area and cannot travel further afield
- I have been unable to register with an NHS Dentist and Private Dental Care is too expensive
- Dental Care/Oral Health is not important to me

Responses to Question 3 and Age Group



- No reply
- I am currently registered with an NHS Dentist
- I am currently registered with a Private Dentist
- I am not currently registered with any Dentist

## **Scrutiny (Environment & Transport) Committee Key Questions**

### **Access to NHS Dentists within the Dover District**

**Wednesday 21 September 2005**

1. What is the role of the EKCTPCT in providing NHS Dental Care to the people of the Dover District? Would you explain the new contract arrangements and patient charges?
2. Have discussions or consultation events been held with local NHS Dentists across the District with regard to the new contract arrangements and patient charges? Would you comment upon the view that some local Dentists feel they would have to leave the NHS unless they sign up to the contract?
3. Have the final budgets for NHS Dentistry been issued by the Department of Health and if so, is the EKCTPCT confident that that consistent and effective NHS Dental Care can be offered across the District?
4. Would you comment upon the view that many local Dentists do not understand the details of the new Personal Dental Services (PDS) contract? How will the EKCTPCT address this issue?
5. How many overseas Dentists have been recruited to the District so far and where are they located? Is there likely to be further recruitment of this kind? Would you comment upon the view that it is difficult for local Dentists to make arrangements to take on an overseas Dentist and that they will only be successful in securing one if they sign up to the new contract?
6. How will the District Council and other stakeholders / interested parties be involved in decisions taken over the location of any new Dentist surgeries that are built and what plans are in place to establish new surgeries within the District?
7. What relationship exists between the EKCTPCT and the East Kent Dental Service? Does the EKCTPCT feel that the services offered by the Dental Access Centres are sufficient in providing NHS Dental Care for those people who do not have access to an NHS Dentist and / or those who are not registered with an NHS Dentist?
8. Would you comment upon the fact that within the "Future Plans" section of the EKCTPCT website, there is no mention of any projects aimed at Dental Health?
9. Is the EKCTPCT sympathetic to the real difficulties faced by local people in registering with an NHS Dentist and the concerns of local NHS Dentists over the new contractual arrangements? What are your aims and objectives in addressing these difficulties and concerns?

\* - English workbooks (over District)

Mr Movahedyan	71 Station Road Birchington	Mr A Movahedyan Miss Hussein	01843 842153	E - Same day if poss if not sent to hospital R - 1-3 weeks	NO
The Dental Surgery	Alpha House 14 Alpha Road Birchington	Mr Hussein	01843 842306	Information not available	<b>ALL PRIVATE</b>
CG Brennan & Associates	Bank House Dental Practice, Mildreds Road, Westgate	Mr Brennan	01843 835515	E - Same day or next R - August	NO
Sandiland Dental Centre	16-17 Park Street Deal	Dr R Sandiland, Dr A Sandiland, Mr Afling, Joanne Wright & Julie Bishop	01304 360913	E - Same day or next R - 2-3 weeks	NO
Bute House Health Clinic	30 Victoria Road Deal	Mr P Dyson & Mr Bhat	01304 375293	E - Same day R - 7 weeks	NO

CM Brown RA Laurens & Associates	37 Victoria Road Deal	CM Brown R Laurens	01304 374224	E - Same day or next day R - Six months (check ups)	NO
Dental Practice	9 Stanhope Road Deal CT14 6AB	Mr Weale, Mr Hagos and Mr Sadiq	01304 374430	Information not available	Information not available
Priory Road Dental Surgery	3 Priory Road Deal	Mr Toh	01304 206558	E - Same day R - Booked at appt for six monthly c/lups	NO
James M Liston	44 Salisbury Road Dover	James Liston	01304 201326	E - Same day R - Same week	NO
J E Grudevall	6 The Paddock Maison Dieu Road	J E Grudevall	01304 206462	E - Same day R - 1-2 weeks	YES if patient falls into a vulnerable group ie on benefits or pregnant etc
K R Aylward	Sedgemoor House Beaconsfield Road Dover	K Aylward	01304 206548	E - Same day R - 1-2 weeks	NO

The Dental Surgery	51a Salisbury Road Dover CT16 1EX	Ms Hogan	01304 205311	E - Same day R - Appointments kept in reserve	NO - going private
Castle Street Dental Practice	51 Castle Street Dover	Mr Cornelius Mr S Mda	01304 201210	E - Same day R - depending on type of appt. - within 4 weeks	NO They only have one dentist at present
Mr Alberts	Preston House 29 High Street Sandwich	Mr Albert	01304 612075	E - Same day R - within 10 days	NO
Mr Ali	131 High Street Ramsgate	Mr Ali	01843 592421	E - Same day R - 1-2 weeks	NO
Mr Manley	Royal School for Deaf Children Victoria Road Margate	Mr Manley	01843 227561	Information not available	Information not available
Ms Forryan	Bank House Dental Practice Bank House Walmer, Deal	Ms Forryan	01304 239000	E - Same day R - 3 weeks	NO

Dover Access Centre	Dover Health Centre Maison Dieu Road Dover	?	01304 865630 Access Centres 01227 865834	Service for Immediate and necessary care for those unable to register with a dentist	Registration not undertaken
Mr Dymant	Cornerways 2 Moat Sole Sandwich	Mr Dymant	01304 617131	E – Same day R – Same week	NO
Total Dental Care	64 Pencester Road Dover	?	01304 204455	E – Same day R – within two weeks	NO
Ms Cavanna	Beechgrove Bruderhof Nonington CT15 4HH	Ms Cavanna	01304 842980	E – Same day R – 2 days to 2 weeks	Dentist part of a separate Bruderhof community – as ongoing patients, will only treat residents
Mr Southan	Wingham Dental Practice 66 High Street Wingham	Mr Southan	01227 720284	E – Same day R – 1.5 months	NO