



Specialised Dental Services for people with particular needs

Wolverhampton City **NHS**
Primary Care Trust

WOLVERHAMPTON CITY PRIMARY CARE TRUST

Specialised Dental Service for People with Particular Needs

CONSULTATION DOCUMENT

1st December 2011 – 29th February 2012



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SECTION ONE - WOLVERHAMPTON CITY PRIMARY CARE TRUST

Wolverhampton City Primary Care Trust (PCT) purchases health services on behalf of the population of Wolverhampton. It has its own budget which it uses to buy health care from a number of local hospitals, community care (local), Mental Health and Primary Care Services. Much of this work is done in partnership with GPs, hospitals and with Wolverhampton City Council, particularly social services.

The PCT aims to make arrangements to consult with the patients and public in:

- Planning services for which they are responsible
- Developing and considering proposals for changes in the way those services are provided.
- Decisions to be made that effect how those services operate.
- Tendering and Procuring new services

Wolverhampton City Primary Care Trust (PCT) is committed to involving local people in the development in the services for the city - Further to this the citywide community and public involvement strategy for Wolverhampton included the PCT signing up to the following values.

**“It is the right of all people living in
Wolverhampton to have the opportunity to be
involved in decision making about the services
they use or that affect their lives”**

The PCT is dedicated to securing high quality value for money services.

In accordance with the duty placed on the PCT by section 7 of the Health and Social Care Act 2001, Wolverhampton City Council’s Overview and Scrutiny Committee (the Health Scrutiny Panel) will also be formally consulted on their view as part of the process.

SECTION TWO - INTRODUCTION

The PCT is committed to regularly reviewing the quality and 'value for money' of the services it provides. The changes outlined in this document takes into account national guidance, trends in healthcare development and the wider NHS landscape.

The PCT has recently conducted extensive reviews of all primary care dental contractors including the service which is provided to patients with extreme or complex physical and sensory disabilities and as a result is now able to develop a service specifically for this group of people.

The changes will mean an improved service to patients and better value for money.

SECTION THREE – BACKGROUND

For the majority of the population, Dental Services are provided in Wolverhampton through General Dental Practices. The PCT purchases services from these practices through carefully managed contracts. There is good provision of dental services in Wolverhampton and contracts allow for additional services when this becomes necessary.

Wolverhampton, like many other parts of the country, has provided the full of range of NHS dental services to those who would or could not normally access dentists 'on the High Street'. Over the years these services have evolved and developed and now need to be looked at in light of the many changes and trends in dental health, public expectation and the wider NHS agenda.

It is the provision of services to these patients, ie those with severe and or complex physical and sensory healthcare needs, which is the subject of these changes.

SECTION 4 – PLANS FOR NEW SERVICE

The PCT has made the decision not to renew the contract it has with the Royal Wolverhampton Hospital Trust for Special Dental Services when the contract expires in September 2012.

The reason for this decision is centred around the fact that the cost to the PCT, and the NHS, of providing dental services through the current special service is considerably higher than the same treatments provided on the High Street. There are a considerable number of patients using the service who should be visiting dentists on the High Street; some of these patients have developed a habit of visiting special dental services. In fact, the numbers of patients with true special needs who are being seen in the current service are very much in the minority, around 10%.

The treatments provided by Special Dental Services are, in the main, the same as those provided elsewhere in the system, such as in the high street, but more expensive.

SUMMARY

In summary, the Special Dental Services in Wolverhampton has done excellent work over a considerable time, serving some of the most vulnerable people in our communities, but it is now time to look again at how services are delivered to these groups.

The PCT is determined that people with complex needs have better access to dental care and that we provide services which reach out to those patients. We are therefore designing a service model which provides dental services specifically for those with special needs, a service which actively seeks out vulnerable patients.

The new service will benefit from the same robust contract monitoring systems which have proved so effective with other dental contractors.

The service will be more cost effective and will provide services in a targeted manner. We will ensure that patients who have historically used the specialist dental services and who may not really need to, for example nervous patients, will have access to high street dentists.

We would like your views and comments on our transition plans and the delivery of the new service.

SECTION 5 – FREQUENTLY ASKED QUESTIONS

1. Is there any alternative to the proposal?

The only real alternative would be to allow the contract to 'roll-over' but this is not really viable. We know that we can provide a better service at a lower cost to the NHS, a service which will be responsive to the changing needs of our population. The PCT will cease to exist after March 2013 and we really need to take every opportunity now to make things better.

2. What will happen to the patients who use the service now as their 'regular practice'?

There are considerable numbers of patients who use Special Dental Services in much the same way that other people engage with dentists on the High Street. Some of these patients do have needs over and above other patients but not sufficient to warrant a specially commissioned service, most of this cohort of patients has simply made a habit of visiting the service.

The PCT introduced two new dental practices last year which have a particular interest, and facilities, for those patients who suffer some level of anxiety or nervousness, or lower levels of physical and/or mental health problems. In addition, our other Practices in the City are actively encouraged to seek out patients from harder to reach areas. In short, we already have the capacity to provide for these people.

People with less debilitating physical or mental health needs should not, in our view, be singled out and we should do everything we can to ensure good and equitable access to services for all patients.

3. What about people who are in the middle of a course of treatment when the contract ends?

It is very unlikely this will happen however the PCT will work with the existing service to ensure a smooth transition for all patients.

4. Where will the new service be located?

We are not sure at the moment. What we do know is that wherever it is located, it will need to be easy to get to from most areas, have full Disability Discrimination Act compliance - access and furniture, and be fit for purpose. This is one of the questions which you can help us resolve.

5. How can your proposals be better if there are fewer sites?

There will be fewer sites for dentistry services for special needs patients; in fact it is likely that the new service will be based at just one site and that domiciliary care will be provided where necessary. Even though there are currently multiple sites in operation, they are not all available all the time. We know that the location of individual General Dental Practices throughout the city is an enormously important consideration for patients. What we also know is that as long as patients can easily get to, and access services (i.e. parking facilities, disabled access etc), and are supported in doing so, the precise location is less important. Information on the provision of dental services will continue to be available on the PCT website and through NHS Choices.

6. How can we be sure that vulnerable patient's won't 'fall through the net'?

We know that there are vulnerable people in our community, some who are already receiving appropriate dental care and some who are not. The service specification for the new service will mean that the service will be required to promote their services and actively seek out people with special needs.

7. Why now?

We have known for some time that we could do things better but there have been a number of steps which needed to be taken prior to reaching this point, not least of all, providing what we call 'backfill' for those patients who rely on the current service, better information, enhanced clinical advice and the availability of modern contracts.

8. What about people in Nursing homes or hospital?

These are just two of the groups of people we want to engage with, some of the most vulnerable people or those for whom oral health has never been a priority. When a person 'passes through' the NHS, we should be able to do everything we can whilst they are in our care. Healthcare Professionals throughout the City will be able to refer patients into the new service.

9. Is the PCT saying that the current service is not fit for purpose?

The current service has provided a very good service to many hundreds of patients over a very long time and we are very proud of its reputation and history. However, we live in an ever changing world and we are committed to leaving the population of Wolverhampton with the very best services when the PCT ceases to exist.

10. Is this not just about saving money and cutting services?

In a word - no. This is about designing a service which actively seeks out, and delivers to patients with special needs. It is also about getting better value for money from our local dental practices that are waiting to see patients each day. This initiative will be cheaper than the current system, but better services for patients is the overriding objective.

11. How much money will the PCT save and what will it be used for?

It is hard to say how much money will be saved as we haven't yet purchased the new service, but we do expect to save some money. Money will not be spent inappropriately and any spending will be to provide a first class service which will go beyond the life of the PCT.

12. What happens now?

What happens now is that we take away all the comments and feedback from the public consultation and we check to see if our original plans can be improved based on what you have told us and any concerns which have been raised. We are committed not only to listening to what people tell us, but responding to those views and comments and shaping services accordingly. We shall publish a report detailing the outcomes of the consultation with recommendations to the Black Country Cluster Board.

SECTION 6 – THE CONSULTATION PROCESS

What happens next?

Wolverhampton City Primary Care Trust (PCT) seeks to inform all stakeholders of its decision not to renew the current contract and to then provide a service for people with special needs including patients with urgent dental problems.

The consultation in respect of Dental Services for those with special needs will continue until the end of February 2012. The PCT will then make appropriate adjustments to our plans and report them to the Black Country Cluster Board in March 2012. The consultation outcomes will be posted on the PCT's internet site at: www.wolvespct.nhs.uk

The consultation process includes:

- Circulation of this consultation document which outlines the intended actions by the PCT in respect of Dental Services for those with special needs.
- The consultation document will also be made widely available through PCT buildings, local libraries, GP surgeries, health centres, social services offices and housing offices, as well as internal sites of both trusts.
- Consult with Wolverhampton city council health scrutiny panel.
- A presentation and Q & A session in each of the cities parliamentary constituencies – anyone can attend these meetings.
- Stakeholder meetings of specialist voluntary organisations, and representative organisations of the city's black and minority ethnic citizens.
- Stakeholder meetings.
- The PCT will also ensure that individuals can respond to the consultation through E Mail, the internet, post and via events indicated above.

Who to contact?

For further information and advice please contact:

Tracy Cresswell
Community Engagement Officer
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Coniston House,
Chapel Ash,
Wolverhampton.

Tel: 01902 445894

E Mail Getinvolved@wolvespct.nhs.uk

**Specialised Dental Service for People with Particular Needs
Feedback Form**

COMMENTS

Name:	
Address	
Post Code	Telephone Number
Status (E.g. service user, carer, health professional)	
Age: (Please circle) under 16 16-25 26-35 36-45 46-55 56-65 over 65	
Ethnicity – please state	

Please return completed forms to: Tracy Cresswell, Community Engagement Officer, Wolverhampton Primary Care Trust, Coniston House, Chapel Ash, Wolverhampton, WV3 OXE

Closing date for all comments and feedback is 29 February 2012