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Chairman, Health and Adult Social Care Select  
Committee  
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3 March 2016

Dear Angela

**Buckinghamshire Health and Adult Social Care Select Committee – Commissioning of NHS Dentistry in Buckinghamshire,**

Thank you for your letter dated 22<sup>nd</sup> February which was written following the Buckinghamshire Health and Adult Social Care Select Committee meeting on 2<sup>nd</sup> February 2016.

I will respond to each of the matters raised in your letter.

Your letter accurately describes the situation in terms of the levels of NHS activity commissioned in the county. In the period between 2009 and 2012 there was a national programme to significantly increase access to NHS Dental services. The number of patients accessing NHS Dental services (as measured by attendance in the previous 2 years) increased by 15.1% between March 2009 and December 2015. Rates of access increased from 40.4% of the population to 44.8%. However, this is below the rate of increase across the Thames Valley where growth was 24.4% in this time and Buckinghamshire has the lowest rates of access in the Thames Valley.

Since NHS England took on responsibility for the commissioning of dental services in 2013 we had identified the imbalances that you have described in your letter. In particular the need to reduce the levels of activity commissioned from some Buckinghamshire practices as a result of the implementation of the Dental Access Programme in 2009. We reduced the level of activity commissioned from these services the level we were commissioning at was high in relation to local needs and the practices were unable to fulfil their contracts as the demand was not there. We also recognise there are some gaps within the county.

In line with the relevant contractual regulations, NHS England has been recovering monies from underperforming dental practices with the aim of targeting monies at areas where it is most 'needed'.

This has included short term actions to target monies at practices with a strong track record of contract performance. In 2015-16 some of the monies recovered have been reallocated on non-recurrent basis. This includes a number of practices in Buckinghamshire.

Within the Thames Valley Area we now have a Local Dental Network. This is where the commissioners from NHS England work with front line Dentists to achieve clinical input to service planning. Unfortunately none of the 3 Executive members was able to attend the meeting on 2<sup>nd</sup> February. The Chair of the Buckinghamshire Local Dental Committee is one of the members of the

Local Dental Network, representing the views of local Dentists. Another key member of the Local Dental Network is a Dental Public Health Consultant from Public Health England who can help the Network with carrying out needs assessments.

This group is looking at priorities for future investment in primary, community and secondary care dental services. This is an active area of work at the moment with the group focussing on deprivation (at ward level); current access levels and distance to travel for patients who have used NHS services. This information is being reviewed to identify priorities for future investment. Any consideration of recommendations will need to take account of wider financial pressures in the local health systems (the 'ring-fencing' of dental budgets was removed in 2012) and any proposals for investment will be subject to consultation. If you want to receive more information on the methodology we are using we would be happy to share it.

One of the key issues that will need to be taken into account is the impact of population growth. We have been working with Local Authorities across the Thames Valley to capture information about planned housing developments. There are challenges in doing as the timescales for the developments are not always clear. The housing plans usually look in 10 – 20 year timescales; and we recognise that we need to plan the future NHS resources required in both the short and longer term. Colleagues within the Primary Care team at NHS South Central are looking at these issues across each of the primary care services we commission. This does indicate the need for additional capacity to be commissioned in the Aylesbury area over the next few years.

In response to the issues raised by HealthWatch we recognise there are challenges for patients in trying to navigate their way round the NHS when there is no system of registration for patients. Of the NHS Dental practices in Buckinghamshire, 40% provide NHS services to children only. We understand there to be a significant private sector in Buckinghamshire and most of the NHS practices offer private treatments for patients. This can make it difficult for patients to understand which services are available to them. The NHS offer to patients is clearly explained on the NHS Choices website and patients should be able to find their most local NHS practices via postcode searches on NHS Choices. If there is a discrepancy between the information provided by NHS Choices and that given by the practice, this can be raised with NHS England and we will follow this matter up.

We are also reviewing arrangements for access to urgent dental care at the moment. A number of practices who provide NHS services may not have urgent availability on the day, which can result in patients having to phone round to try to get on the day access. We are currently working with NHS 111 and a number of practices who do provide on the day access to support urgent access if an urgent need is identified. This will involve a Communications campaign to raise awareness.

I hope this response addresses the issues raised in your letter and we will involve you in the communication on outcome of our work on identifying priorities for future investment.

Yours sincerely



**Debra Elliott**  
**Director of Commissioning**  
**NHS England South, South Central**