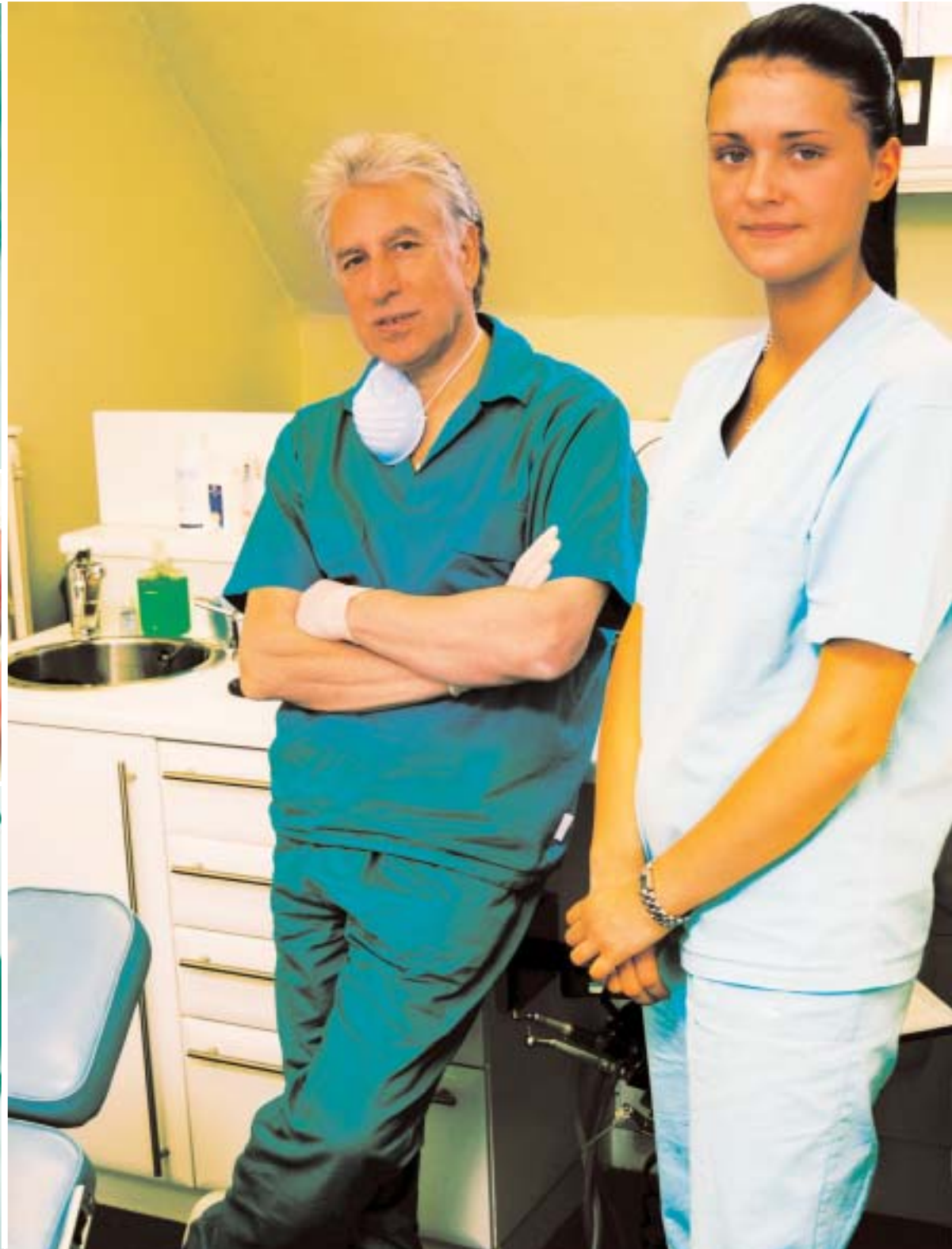


Swindon Borough Council

Health and Social Care Overview Committee

Provision of GP Surgeries and NHS Dentistry in Swindon

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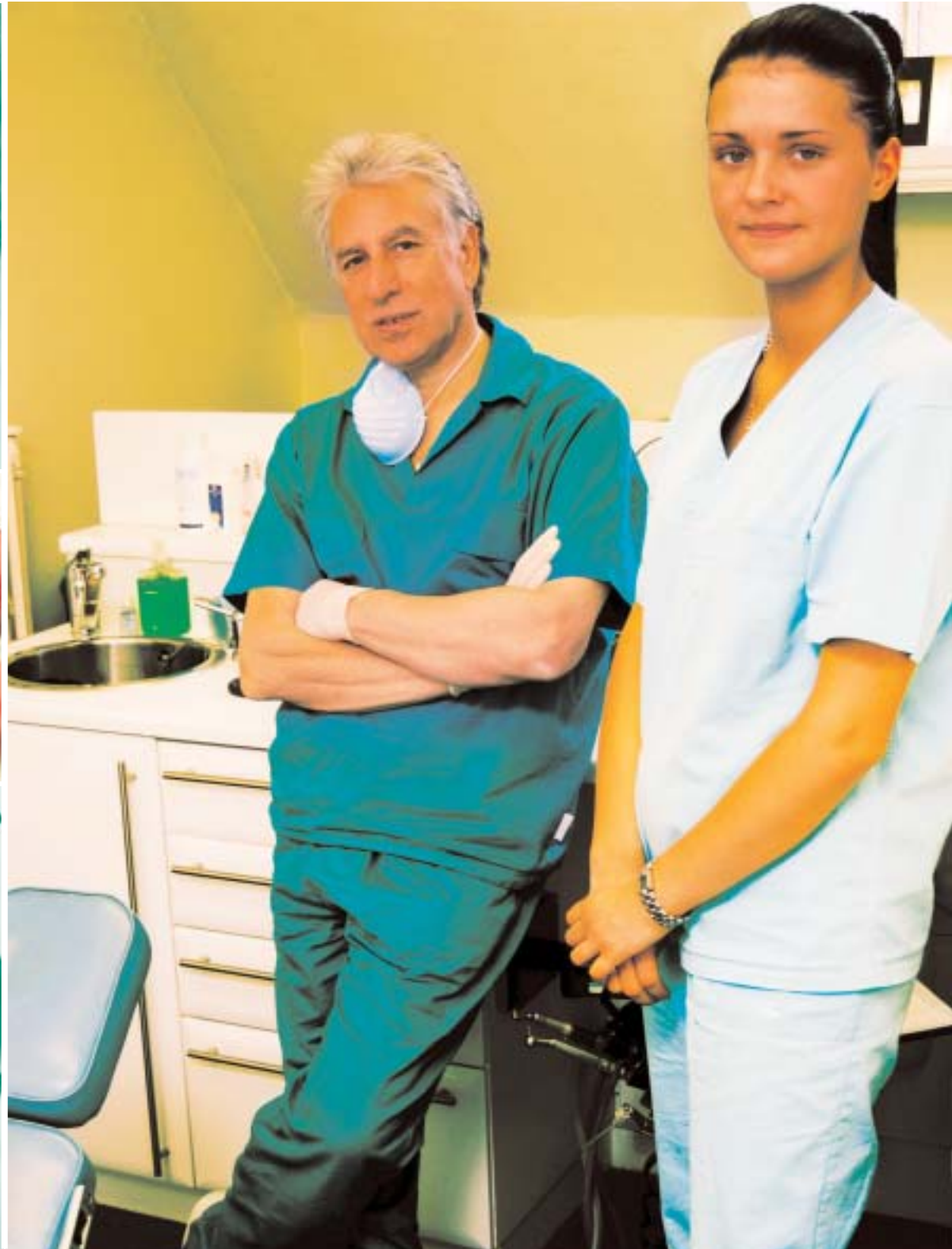


Swindon Borough Council

Health & External Scrutiny Sub-Committee

Provision of GP Surgeries and NHS Dentistry in Swindon

www.swindon.gov.uk



Task Group Members:



Cllr. Stan Pajak (*Chair*)



Cllr. Andy Albinson



Cllr. John Ballman



Cllr. Owen Lister



Cllr. Maurice Fanning (*ex-officio*)

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1. Summary

- A Member task group has produced this report for the Health and Social Care Commission which was established under the terms of the Health and Social Care Act (2001).
- Under the terms of the Act NHS bodies are required to consult local authority Health Scrutiny Committees about plans for significant changes.
- Local Authority Health Scrutiny Committees have the power to report back to the Secretary of State if they consider the proposals under scrutiny would not be in the interests of the local population or if they find the consultation process with the Health and Social Care Commission inadequate.
- The Task Group wishes to acknowledge that there are problems with the provision of GP and NHS Dentistry throughout England. We would like to applaud the Swindon PCT in their attempts to address these issues with the provision of extra Dentists and the continued development of GP practices within the town.
- A series of recommendations have been which aim to address:-
 - Communications between Swindon Borough Council's Planning Department and the Swindon Primary Care Trust;
 - Promote the availability of Dentistry and GP Services within Swindon.

2. Introduction

Rationale for the Review

The review originated out of the concerns that were raised by a number of constituents in the Gorsehill and Pinehurst Ward through their Councillors, about the difficulties of registering at a local GP Surgery. In consultation with the Chair of the Commission, the Task Group chose to extend the review to include NHS Dentists because of a known shortage and difficulty people have in registering.

The Council's Health and Social Care Commission established the task group under the powers set out in regulation 2(1) of the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002:

"An overview and scrutiny committee may review and scrutinise any matter relating to the planning and operation of health services in the area of its local authority."

Report Overview

The report is divided into the following sections:

Summary	Provides an overview of the project.
Introduction	Provides the background and the context for the report; reviews the structure of the report.
Evidence Gathering	Sets out the approach taken and methodologies adopted in course of the investigations/ review and provides a detailed picture of GP and NHS Provision in Swindon.
Conclusions & Recommendations	Details the findings and conclusions that emerged from the task groups investigations and provides an explanation of the task groups recommendations.
Appendices	Contains glossary of terms and appendices referred to in text.

Review Structure

The review can be divided into three distinct phases as detailed below. Phase 1 established the terms of reference, work programme and planning of the project for the review. At phase 2 the task group considered all of the evidence (questioning witnesses, considering existing material that was relevant to the investigation). At the final stage, phase 3, the task group determined their findings and made their recommendations based on the evidence received.

Phase	Activities
Phase 1 Consolidation & Work Plan	<ul style="list-style-type: none">• Task group established• Chair appointment• Setting of the terms of reference

September 2004	<ul style="list-style-type: none"> • Identification of internal advisers • Identification of existing consultation and information
Phase 2 Evidence Gathering October 2004	<ul style="list-style-type: none"> • Literature Review • Consideration of statistical data • Desk research into existing documentation • Meetings with internal advisers
Phase 3 Recommendations October 2004	Task group workshops to develop findings and recommendations

Aims and Objectives

The review sought to consider the provision of GP surgeries and NHS Dentists in Swindon.

The scope of the review included:

- Access to GP Surgeries and NHS Dentists in Swindon
- Boundaries of Surgeries
- Provision of services
- How the provision of GP and Dentistry services is built into new developments areas and residential development on brown field sites
- New GP Contracts
- Geography, planning and section 106 agreements

Methodology

The methodology used to make enquiries and to gather evidence involved:

- Interviewing witnesses (See Appendix 2 for details);
- Survey of all GP Surveys and NHS Dentists in Swindon;
- Press release (25/01/05)
- Interviewing officers and experts
- Desk based review of documentation (see Appendix 2 for details);

Acknowledgements

In the course of this inquiry we have heard evidence from Pauline McDonald, Assistant Director for Primary Care Commissioning at the Swindon PCT, Celia Carrington, the Director of Environment and Property and the David Potter, Head of Regeneration at Swindon Borough Council, Brendon Ball, a dentist at Freshbrook Dental Practice. We have also received written submissions of evidence from members of the public, Julia Drown MP, and from GP and Dental Practices that took the time to complete our questionnaire. We are grateful to all those that have contributed.

3. Evidence Gathering

Swindon Primary Care Trust

We received evidence from Pauline McDonald, Assistant Director for Primary Care Commissioning at the Swindon PCT about the provision of GP Surgeries and NHS Dentists in Swindon.

There are 114 GP's in Swindon, most are employed directly by the GP surgery, very few are salaried. Maps showing the location of GP Surgeries and NHS Dentists indicate that there is a very even spread in Swindon, with many being close to Community Pharmacies¹.

In responding to questions about GP recruitment and retention Pauline indicated that it would be helpful if more GP practices offered training, currently on 3 Swindon surgeries do. In turn this would encourage more newly qualified GP's to remain in Swindon.

The PCT are currently working closely with Dentists on the implementation of the new NHS Contract for Dentists, which is to be implemented from October 2005.

Pauline McDonald explained that residential developments of Brownfield sites were placing increasing pressure on primary care services and there had been limited liaison between the Planning Department of Swindon Borough Council and the Swindon Primary Care Trust, about the impact that these developments might have on health services. Councillor Fanning indicated that the Planning Committee were now looking particularly at the provision of Education and Health in any new development. Pauline explained that there is a need to seriously think about health issues as a part of Section 106 agreements.

The briefing paper prepared by Pauline McDonald is attached at Appendix 4.

Planning and Development

Celia Carrington, Director of Environment and Property and David Potter, Head of Regeneration at Swindon Borough Council attended one of our meetings to explain how developments in National Health Services are taken into account by the Council's planning policy, as set out in the Local Plan.

Celia Carrington outlined how the planning system can aid the delivery of health provision within Swindon and how the Directorate engages with the Swindon PCT to make this happen. Celia identified the need to engage with the PCT at a strategic level, particularly around the provision of services in relation to planning applications and that maybe more applications need to be referred to the PCT for their consideration.

The Swindon PCT were recently invited to join the Joint Study Steering Group, which is a partnership working group that is looking at the long term growth of Swindon. The Swindon PCT declined an invitation to join the Joint Study Steering Group, so there needs to be further thought about how Swindon Borough Council engages with the Swindon Primary Care Trust.

¹ The map showing the location of all GP Surgeries and NHS Dentists is available from the Scrutiny Support Unit, email scrutiny@swindon.gov.uk or telephone 01793 463412.

We asked how Section 106 money could contribute towards health provisions in the town, and officers were able to confirm that the co-ordination of Section 106 requirements is the subject of one of the Council's improvement plan projects. Developers could be asked to provide a certain amount of Health provision but the Swindon PCT would need to advise the Council exactly what services are needed and what the associated costs would be.

As a result of the meeting a number of actions were agreed with the Director of Environment and Property: -

- Initiate regular meetings with the Director of Public Health (a shared post between the Borough Council and the Swindon PCT)
- Consider whether it would be appropriate to develop supplementary planning guidance around Health
- Look again at consultation with the PCT on planning applications
- Talk to the Director of Public Health about engagement with the Joint Steering Group
- Review current communications with the Swindon PCT

Since the meeting the Director of Environment and Property reported that the following progress has been made:-

“The scrutiny committee meeting identified that more work needed to be undertaken on joint planning for health services. To help facilitate this the Director has set up a series of meetings with the Swindon PCT to discuss the future planning of health provision within the Borough. The Head of Regeneration and Planning will also incorporate work on ‘planning for health services’ into the project on delivering services through developer contributions and funding service delivery within large-scale schemes. A representative of the PCT will be invited to participate in any officer steering groups established to facilitate this. At a strategic level, the Council will invite a PCT representative to participate in the development of strategic policy either as part of the work for the Regional Assembly or as an input into the Council's own strategic planning policy work. At the local level, the Council is providing officer time to the PCT to provide local area statistics.”

The briefing paper prepared by the Director of Environment and Property is attached at Appendix 5.

Discussions with Practitioners

We were very keen to meet and speak with a Dentist and a GP to understand some of the issues that are facing them on a daily basis.

The Dentist

We spoke with Mr Brendon Ball who is a Dentist at Freshbrook Dental Practice. The briefing paper prepared by Brendon Ball in advance of the meeting is attached at Appendix 6, the briefing paper formed the main part of discussion at the meeting. As an outcome of the meeting Mr Ball would like to see: -

- Community Dentistry Service (CDS) funding protected
- Ensure that the PCT acknowledge the role of the CDS in providing dental care and that they require specialised skills for dealing with vulnerable groups
- Acknowledgement that High Street dentists are able to provide a level of care to those people who wish it (i.e. for cosmetic purposes)

- To see active promotion of the Access Centres.

The GP

Despite contacting several GPs in Swindon, a GP was not able to attend one of our meetings within our timeframe.

Survey of all GP and NHS Dental Providers

In order to build up a detailed and accurate picture of GP and NHS Dentistry provision in Swindon we sent a questionnaire to every GP Surgery and NHS Dentist in the Borough. The detailed results of both will be forwarded to the Swindon Primary Care Trust for detailed consideration.

Overall Findings

GP Survey: -

- Survey response rate of 47%
- All GP Surgeries that responded to the survey set a boundary from where they draw their patients
- If a patient moves from a GP's area, most GP Surgeries ask their patient to move to a GP within their new locality
- 67% of GP Surgeries that responded currently have an open patient list (they are taking on new patients)
- 33% of GP Surgeries that responded currently have a closed patient list (they are not taking on new patients)
- If a the GP surgery has a closed the majority of respondents said that they refer the patient to the Wiltshire Shared Service Consortium
- When asked what kind of impact the new GP contract has had responses ranged from;
 - Increase administration
 - Greater emphasis on chronic disease management
 - Increase dependence on nursing input
 - Imperative on access
 - No longer have 24hour responsibility for patients
 - Patients are not happy having less out of hours cover by 'their own Doctor'
 - Hardly at all, we continue to provide a top quality service to our patients
- When asked what other issues they would like to bring to our attention, responses ranged from:-
 - Limited resources, staff and money
 - Recruitment and retention, difficult to attract GP's, Partners and Locums
 - Concerns were expressed about new residential developments that have taken place in the town, putting added pressure on health services.
 - I would like to see Swindon projected nationally in a promotion to attract new workers. Shortage of GPs has caused us huge problems, recruitment can only worsen with planning expansion unless drastic action is taken to ensure such infrastructure is in place, we would like to enhance our services in line with government guidelines, but lack of personnel and accommodation precludes such plans being implemented to their full extent."

Dental Survey:-

- Survey response rate of 45%
- Of those that responded 7% take NHS Patients only and 93% take both NHS and Private Patients
- The mean average of Private patients compared to NHS was Private 49:51 NHS
- 43% of all respondents currently have capacity to take new NHS patients
- If a surgery does not have capacity to take on new NHS patients, all respondents said that they would either refer the patients to the Access Centres, the Dental Helpline and NHS Direct, or ask if the patient would consider private treatment.
- When asked what the positive aspects of providing NHS Dentistry were, responses included:-
 - Being able to provide free dental treatment to patients who need it, and who otherwise would not be able to afford treatment
 - Able to treat all patients and age groups regardless of means.
 - We feel that every patient should have access to NHS dentistry. We have always been committed to the NHS, but unfortunately have had to close our books due to limited funding. Many of our patients are appreciative since they are unable to afford private dental treatment all of the time.
- When asked what the negative aspects of providing NHS Dentistry were, responses included:-
 - All of the paperwork Time limitations and restrictions
 - Future uncertainty due to the new contract
 - Having to do second rate dentistry
 - The chronic long-term under funding which leads to seeing too many patients in a day so I cannot give the time I would like to each patient.
 - Uncertainty of funding over the long term (5-10 years), hence caution regarding heavy capital investments.
 - It would be helpful if practices within Swindon know which practices are presently registering new NHS patients. We still have new patients being sent to our practice by other practices, yet it is over 2 months since we stopped accepting new patients. We can only advise patients to check with the Dental Helpline for information.”

Public Feedback

On January 25th 2005 we issued a press release which detailed our activities and sought to generate feedback and comments from members of the public. The press release was featured in: -

- The Evening Advertiser, Thursday 27th January and Monday 31st January 2005
- BBC Radio Swindon, interview with Cllr Stan Pajak, Thursday 27th January 2005
- BBC Points West, Monday 31st January 2005

We produced a synopsis of the public feedback received: -

GP Surgeries: -

- Difficult to get an appointment when required
- Not enough Doctors – shortages at the surgery
- Local GP Surgery – patient lists are full and local residents are having to look beyond their local area, which incurs travel by car or bus (x 2)

- Must be in a GPs surgery catchment area in order to qualify for 'out of hours' call out service
- Waiting room time in the surgery for an appointment can be as long as half an hour
- I've had appointments fairly quickly
- My local GP surgery does not have a waiting list for new patients – I would like all surgeries to be obliged to have a waiting list, so at least there's a chance of a place becoming available.
- Cannot book a doctors appoint in advance (but on the day), the phones are constantly engaged and when you do get through there are no appointments left.
- I contacted the three surgeries in my locality, and none were taking on new patients.
- I asked about female doctors and was surprised by the percentage in that it was only either 25% or 33%!

NHS Dentists: -

- Difficult to register with an NHS Dentist
- Trend of NHS Dentists going 'Private'
- NHS Dentists – Child can register as NHS patient if parents register as a private patient
- How do you find out about how to register with an NHS Dentist?
- Where can you find an NHS Dentist that will take on older patients that require Dentures?
- I changed dentists because my old dentist felt that they were unable to afford to treat NHS patients

General Comments: -

- I am lucky and I know it (one respondent who is very happy with her Doctors at the Hawthorn Centre, and Dentist, Clyde Road Dental Practice)

Based on 5 emails, 2 letters and 1 telephone call from members of the public.

4. Recommendations

Observations

The Task Group wishes to acknowledge that there are problems with the provision of GP and NHS Dentistry throughout England. We would like to applaud the Swindon PCT in their attempts to address these issues with the provision of extra Dentists and the continued development of GP practices within the town.

Recommendation 1

That the Director of Environment and Property of Swindon Borough Council and the Director of Public Health of the Swindon PCT make efforts to improve communications between the two organisations.

The Health and Social Care Commission should be updated at the first meeting in the new municipal year (2005/06) on how practices of communication have been improved.

Specific actions that have been agreed with the Director of Environment, Property and Culture: -

- Initiate regular meetings with the Director of Public Health (a shared post between the Borough Council and the Swindon PCT)
- Consider whether it would be appropriate to develop supplementary planning guidance around Health
- Look again at consultation with the PCT on planning applications
- Talk to the Director of Public Health about engagement with the Joint Steering Group
- Review current communications with the Swindon PCT

Since providing evidence to the task group the Director of Environment and Property reported that the following progress has been made:-

“The scrutiny committee meeting identified that more work needed to be undertaken on joint planning for health services. To help facilitate this the Director has set up a series of meetings with the Swindon PCT to discuss the future planning of health provision within the Borough. The Head of Regeneration and Planning will also incorporate work on ‘planning for health services’ into the project on delivering services through developer contributions and funding service delivery within large-scale schemes. A representative of the PCT will be invited to participate in any officer steering groups established to facilitate this. At a strategic level, the Council will invite a PCT representative to participate in the development of strategic policy either as part of the work for the Regional Assembly or as an input into the Council’s own strategic planning policy work. At the local level, the Council is providing officer time to the PCT to provide local area statistics.”

Recommendation 2

That the Swindon Primary Care Trust promotes NHS Dentists and GP Surgeries that are taking on new patients. A progress report on promotional activities both undertaken and planned should be submitted to the first Health and Social Care Commission of the municipal year 2005/06.

The Task Group received evidence from Swindon residents who have had difficulties in registering with a GP or an NHS Dentists; this recommendation aims to address these problems. A Swindon Dentists suggested that all NHS Dentists should be provided with information on which Dentistry practices are taking on new patients so that they can share this information with patients directly.

Recommendation 3

That the Swindon PCT responds to the questions of the Swindon PCT PPI Forum, which are attached at Appendix 7.

At the meeting of the task group of the 23rd March the task group met with two representatives of the Swindon PCT PPI Forum, who presented the task group with the questions attached at Appendix 7. The response to the questions should be sent to the Swindon PCT PPI Forum and to members of the Health and Social Care Commission.

Appendix 1

Glossary and Abbreviations

Swindon PCT	Swindon Primary Care Trust
GP	General Practice
NHS	National Health Service
PDS	Personal Dentist Service
PPI Forums	Patient and Public Involvement Forums
Improvement Plan	Swindon Borough Council was rated a 'poor' performing Council in its CPA (Corporate Performance Assessment) inspection. The Improvement Plan aims to improve the performance and delivery Swindon Borough Council services.
Section 106	<p>Section 106 of the Town & Country Planning Act 1990 allows a local Planning Authority (LPA) to enter into a legally binding agreement (planning obligation) with a land developer over a related issue. The obligation is sometimes termed as a 'Section 106 Agreement'. Such agreements can cover almost any relevant issue and can include sums of money. Possible examples of S106 agreements could be: -</p> <ul style="list-style-type: none">➤ The developer will plant a specified number of trees and maintain them for a number of years➤ The developer will create a nature reserve. <p>S106 Agreements can act as a main instrument for placing restrictions on the developers, often requiring them to minimise the impact on the local community and to carry out tasks which will provide community benefits.</p>
Brownfield Sites	A brownfield site is any land, which has previously been used for any purpose and is no longer in use for that purpose.
PPI Forums	Patient and Public Involvement (PPI) Forums were established to ensure that there is greater public involvement into decisions that effect the health of the local community. PPI Forums are made up of groups of volunteers from the local community who help patients and members of the public influence the way that local healthcare is organised and delivered.

Project Brief

Aim	The review seeks to consider the provision of GP surgeries and NHS Dentists in Swindon.	
Rationale	The review originated out of the concerns that were raised by a number of constituents in the Gorsehill and Pinehurst Ward through their Councillors, about the difficulties of registering with a local GP Surgery. In consultation with the Chair of the Commission, the Task Group chose to extend the review to include NHS Dentists because of a known shortage and difficulty people have in registering.	
Scope	<ul style="list-style-type: none"> • Access to GP Surgeries & NHS Dentists in Swindon • Boundaries of Surgeries • Provision of services • How the provision of GP and Dentistry services is built into new developments areas and residential development on brown field sites • New GP Contracts • Geography, planning & section 106 agreements 	
Resources	<p>Task Group Members (Councillors)</p> <ul style="list-style-type: none"> • Cllr Stan Pajak (Chair) • Cllr Andy Albinson • Cllr John Ballman • Cllr Owen Lister • Cllr Maurice Fanning (ex-officio member) <p>Scrutiny Officer</p> <ul style="list-style-type: none"> • Claire Yeates <p>Committee Officer</p> <ul style="list-style-type: none"> • Alison Smith 	
Timescales	Start	8 th November 2004
	Finish	10 th March 2004
Outputs	<ol style="list-style-type: none"> 1. Chair of the task group to provide the H&SCC with progress reports at its scheduled meetings of: <ul style="list-style-type: none"> • 16th November 2004 • 20th January 2005 2. Chair of the task group to present the task groups final report detailing the findings and recommendations of the investigation to the H&SCC at its meeting on the 210th March 2004 3. Following the H&SCC meeting, any subsequent recommendations shall be made to the Strategic Health Authority, the Swindon PCT, and other relevant national health service bodies in Swindon, in writing. 	

Methodology	<ul style="list-style-type: none"> • Desk based review of papers (see 'Evidence Sources for Documents') • Interviewing officers • Calling expert witnesses • Calling service users • Press release (25/01/05) • Survey of GP Surgeries and Dentists Practices
Evidence Sources for Documents	<ul style="list-style-type: none"> • Modernising NHS Dentistry – Implementing the NHS Plan • Dentistry, Primary Dental Care Services in England and Wales, Audit Commission, August 2002
Expert Witnesses/ Advisors	<p>Internal Celia Carrington, Director of Environment and Property, Swindon Borough Council David Potter, Head of Regeneration & Planning, Swindon Borough Council</p> <p>External/Expert Witnesses Pauline McDonald, Assistant Director of Primary Care & Commissioning, Swindon PCT John Reason, Primary Care Development Manager, Swindon Primary Care Trust Helen Thompson, Acting Chair Swindon PCT PPI Forum Ramnik Mehta, Swindon PCT PPI Forum Brendon Ball, Dentist, Freshbrook Dental Practice</p>

List of Evidence Documents

- Modernising NHS Dentistry – Implementing the NHS Plan
- Dentistry, Primary Dental Care Services in England and Wales, Audit Commission, August 2002
- ‘GP Cover Facing Cash Problems’, BBC News, 14/02/05
- British Medical Association: Crisis in Care: A GP Dossier
- NHS Direct
- Primary Care Trust Survey 2004, Swindon PCT
- Maps showing locations of GP and NHS Dentists in Swindon
- Letter from Julia Drown MP, 21/02/05
- Minutes of the Task Group’s meetings

All evidence documents are available from the Scrutiny Support Section, telephone 01793 463412 or email scrutiny@swindon.gov.uk for further details.

Swindon Primary Care Trust Briefing Paper

SWINDON NHS PRIMARY CARE TRUST

Briefing Paper to the GP Surgery and NHS Dentists Scrutiny Review Task Group on the development of Primary Care Services in Swindon

To be discussed at the Task Group Meeting
On 16 December 2004

1. Background

1.1 The Task Group seeks to consider the provision of GP Surgeries and NHS Dentists in Swindon. The agreed scope for the projects include:

- Access to GP Surgeries and NHS Dentists in Swindon
- Boundaries of Surgeries
- Provision of services
- Process for the provision of GP, Dental and Pharmaceutical services in new development areas and residential development on brown field sites, including geographical, planning and Section 106 agreements
- New GP Contract
- New Dental Contracts
- New Pharmacy Contracts

2. Existing Provision of Primary Care Services in Swindon

2.2 The PCT is responsible for planning, development and provision of primary care services in Swindon. These services include General Medical Practitioner Services (GPs), General Dental Practitioner Services, Community Pharmacies and Ophthalmic Opticians. All these services are provided by independent contractors who have individual contracts, either with the PCT or the Department of Health. The two exceptions to this contractual agreement are the Daniel Gooch Medical Practice in Swindon Health Centre and the Community Dental Service, which provides special needs community dental services and the Dental Access Centres. These staff are in salaried posts and employed by the PCT (the Community Dental Service staff are employed by Kennet and North Wiltshire PCT).

2.2. In Swindon there are:

- 29 GP Practices (and one in Shrivenham)
- 27 Dental practices, including orthodontics
- 30 Community pharmacists
- 19 Ophthalmic opticians

3. GP Services

3.1 From April 2004, a new General Medical Services contract was introduced for GPs. Half of Swindon practices use this contract, and the other half have chosen to remain with the Personal Medical Services contract. The two contracts are quite similar and offer the same opportunities and potential for services to develop.

The main contractual changes are:

- There is a clinical and organisational quality framework which focuses on key clinical domains, the development of chronic disease management, strengthened clinical governance arrangements, staff and organisational development, and improved patient experience
- The PCT works with practices to commission specific services in addition to core primary care services. These include drug misuse services, minor surgery and phlebotomy. These services support strategic aims to increase primary and community based services for the local population.
- Access to a health professional, such as a nurse within 24 working hours, and a doctor within 48 working hours
- The PCT is now responsible for providing Out-of-Hours service from 1st October 2004

3.2 We are experiencing a number of pressures in GP practices in Swindon at present and are actively developing plans to ease some of these issues. The pressures include:

- Limitations on the ability to develop and train medical and nursing staff because of accommodation restrictions in general practices
- Difficulty recruiting GPs – there are currently 12 vacancies. GP recruitment is a national problem.
- Over 50% of practice accommodation does not meet all required standards to deliver modern primary health care. Some practices have run out of space, others have plans to develop and increase services but cannot find new practice sites, and a number do not meet the requirements of the Disability Discrimination Act
- Some practices are not able to register new patients because they have reached their capacity. Patients are advised which local practices can be contacted for new registration.

3.3 The PCT is working with practices to develop and implement a number of solutions.

Recruitment

Practices have been invited to join an international recruitment campaign led by the Department of Health. This will provide a structured recruitment, induction and training process into the NHS.

As a long-term approach, the PCT, practices and the Wessex Deanery are working together to increase the number of training practices in Swindon. Experience has shown that a high number of GP registrars and trainees prefer to remain in their training area.

Review of Practice Boundaries

As Swindon has grown over the last 25 years, and the population has moved between different residential areas, practices are increasingly finding that some of their patients live some distance away from their services. In order to provide some reasonable geographical boundaries to the access and the provision of services, practices are

focusing on a particular area for new registrations. Some practices, if a patient moves to an address out of their area, will ask the patient to transfer to a more local practice.

Estates Modernisation

The PCT is working with practices to prioritise which practices require new build or extensions over the next 10 years. This will be matched with budget setting and identification of any capital or revenue implications for PCT budgets.

The PCT works with individual practices, their developers, the District Valuer and the Borough Council to try and identify possible cost-effective sites for practices to build new accommodation on.

Borough Expansion

The Borough Council predicts that the net population will increase by 20-25000 people by 2011. The main areas identified for expansion are the northern and southern development areas and Pipers Way. However, the brown field site development in the last few years is placing increasing pressure on primary care services, particularly GP services in the centre and Old Town areas. The PCT has now established a quarterly meeting with Council representatives to identify developments, agree the healthcare infrastructure required to support Swindon residents and provide a co-ordinated approach to identifying the locations and sites with the Planning Department.

At present we are working actively with the Borough on proposals that will affect six existing and one new GP practice and, if successfully implemented, will provide affordable additional capacity to take on the extra population. The PCT seeks the co-operation of the Council and developers in identifying sites supported by Section 106 agreements.

The Borough expansion plans also need to take into account provision of community pharmacies and dental services to meet the requirements of the additional population.

4. Dental Services

4.1 The Department of Health is negotiating currently with dentists about a new NHS contract to be implemented from October 2005. The new contract will place the responsibility for the provision of NHS dentistry with PCTs, the dental budget will cease to be non-cash limited and will be managed within agreed levels by the PCT, and the Out of Hours service will become the responsibility of the PCT.

Dental practitioners are unsure how the new contract may affect them, and the PCT is working with local NHS dentists to ensure all available information is clearly communicated, there are opportunities for discussion, and that dentists feel supported to remain within the NHS.

4.2 At present, Swindon provides a number of options for local people to access dental services. There are a small number of dental practices who are open to NHS registrations, a greater number who maintain their NHS registrations but do not take on new patients, and some practices who are mainly private now. We provide average access to NHS dentists, in comparison with the rest of the country.

- 4.3** The recent Access Fund bid has allowed us to work with a number of practices to increase their registrations in 2004 and 2005. We estimate an additional 4000 in 2004/05. In addition, the PCT will be providing a dental practice at the new Priory Road Medical Centre, due to open Summer 2005.

We are also working with the two Dental Access Centres – at Swindon Health Centre and West Swindon Health Centre – to ensure non-registered patients are able to access effective emergency and follow-up treatment and care.

- 4.4** We shall need to identify additional dental services requirements to meet the planned population expansion – both the sites required for practices, and appropriate additional revenue to support extra dentists.

5. Community Pharmacy Services

The new Pharmacy contract will be introduced over a transitional period between April and October 2005. The PCT is carrying out a baseline needs assessment with local pharmacies this month to establish the range of skills and facilities that are already available to support the new contract. A key feature of the new contract is recognising the range of skills and knowledge that pharmacists can offer to the modernisation of primary care services and offering choice and easy access for patients.

Community pharmacists will be able to provide essential services such as repeat prescribing, and support local priority health promotion campaigns such as smoking cessation and prevention of teenage pregnancy. In addition the PCT will be working with pharmacists and GP practices over the next 12 months on plans for pharmacists to take part in minor ailment schemes and medication reviews.

6. Patient and Public Involvement

The PCT wants to ensure that patients and the general public are involved and consulted about primary care services and their experiences.

The PCT uses a number of ways to achieve this:

- Annual patient survey
- Patient Advice and Liaison Service (PALs)
- Patient and Public Involvement Forum
- GP practices' own annual survey
- The Community Dental Services' Patient Survey
- Talking with people at forums such as the "Safe and Sound Days", the Wiltshire and Swindon Users Network, People First and Swindon Breathe Easy Group
- Involving patient representatives in specific projects such as the Primary Care Diabetes and COPD pilot
- Monitoring complaints and follow-up actions
- Contact with elected representatives e.g. local MP

7. Way Forward

The PCT welcomes closer involvement with Borough Council elected members about primary care services and how we can co-ordinate planning and development to meet the local population's health needs.

Pauline Macdonald

Assistant Director for Primary Care & Community Services Commissioning

12th December 2004

Briefing Note to the GP Task Group – 27th January 2005

The task group has asked for information on the way that the planning system can aid the delivery of health provision in Swindon. The task group has asked for advice and guidance relating to Planning Policy, the use of Section 106 funding and the approach to health provision through the planning application process.

Strategic Policy - It is vitally important that the NHS Trust is involved in the strategic planning process as decisions on longer term growth for housing and employment will also determine future demand for health provision. The benefit to the Trust is that it will help inform their long term needs and thereby assist in planning health provision over a longer timescale. By engaging with the Council as planning authority, the NHS Trust will ensure that it is able to anticipate future requirements and meet these needs when they arise. The Council is currently working on behalf of the Regional Assembly to determine the long term growth of Swindon. The Council acts as the secretariat to a Sub Regional Study steering group. This is known as the Joint Study Steering Group and comprises local authorities in the Swindon Area, the New Swindon Company, other business and community interests. The Primary Care Trust was invited to join the Joint Study Steering Group, but declined. Health providers are currently being sent an additional questionnaire to determine their views and to assist them in identifying the implications of the study proposals on their services.

Local Plan Policy - At the Local level the Primary Care Trust has been involved in the Local Plan Review and has made representations through its planning consultants (DPDS). Their requirements for a hospital extension have been incorporated into the Local Plan (Revised Deposit Draft). The Local Planning Authority would welcome discussion with the PCT on future health requirements with a view to identifying site specific needs and or developing policy guidance on developer contributions in appropriate circumstances. Specifically regarding 'previously developed land', the Local Plan and Structure Plan Review indicate the likely Brownfield / Greenfield split and indicate which sites are known to be candidates for development during the Plan periods. These are known by the PCT. As always, information on any detailed requirements or development thresholds that are relevant to healthcare provision would be welcomed.

Planning Applications and S106 – The issue of thresholds is critical to identifying and mitigating the impact of development on the delivery of services. Section 106 of the Planning Act provides a mechanism whereby developers can be required to provide services on site or to make a financial contribution towards the “necessary” upgrading of facilities nearby. The test of necessity is key to justifying and securing provision within a development. For the Local Planning Authority to be able to secure funding for health or other services, it must have information on local **need**, to satisfy this test. This will require an analysis of catchment areas and cost. From this it is possible to calculate the likely impact of a development. Three scales of provision can be identified. These are site specific or local centres, district centres and Borough wide. On very large sites such as the Southern Development Area, this can be programmed in from the outset. A large development area will usually be capable of accommodating both district and local facilities. However, if a nearby district centre could serve the development this also needs to be factored in. A developer would only be willing to pay for services where the

development is of a scale to justify this. It is more difficult to identify the need for district centre facilities, especially if an existing provision exists. Within the Southern Development Area a site will be safeguarded for the PCT within the S106 agreement. The final wording of the S106 agreement is still being negotiated but if the PCT provide a full range of NHS services without a "private surgery" element, it will get the site at no cost. Within the Northern Development Area three sites are allocated for "health services". A further complication is where the PCT cannot control the end user of a new facility. An example is where a developer has provided a new surgery because the Council has required this (based on advice from the PCT), but then an existing surgery has closed and patients have been transferred to the new building. This undermines the need argument and may require repayment of the cost of the new building. The Council is only able to incorporate the requirements of the PCT if it provides the information necessary. At present the Council as local planning authority consults the PCT as to its requirements in relation to specific development proposals. This is how provision within the Southern and Northern Development Areas has been calculated. The Council is dependent on the PCT for this advice and the PCT sometimes does not clarify the precise need until late in the planning process. The Council has no information on the demand or need from the PCT for facilities across the Swindon area. To be fully effective the PCT needs to work with the Council on developing guidance that will enable developers to predict the likely impact of development on health facilities. To do this the PCT will need to identify existing facilities, the area these services cover, the capacity of the building and existing staff to accommodate more clients, the thresholds at which existing facilities can no longer meet need and the cost of building new facilities. From this information, the Council can produce guidance similar to that for the education service and secure either new provision or pool financial contributions to meet a projected need.

David Potter

Head of Regeneration and Planning

16th January 2005

Dentistry and Access to NHS treatment 2005

This paper will:

- Outline some dental history and events that have guided the dental profession towards a decreased dependence on NHS funding.
- Explain how the changes to the payment mechanism have failed both patients and ethical dentists.
- Discuss the roles of existing groups of dental providers.
- Consider the opportunities for improving the delivery of Dental Care and improving oral health for our patients.

Background leading to a decrease in NHS Dentistry

Dental pain is recognised as both severe and unique, leading to dentistry becoming the first “speciality” of medicine.

- c1840 Dentists Morton and Wells demonstrated general anaesthesia. The first reliable method of pain control in medicine.
- c.1890 a derivative of cocaine was used, by dentists to produce the first local anaesthetic drugs.
- **During WW1 more soldiers were unfit because of dental disease than were injured.**
- 1945 Fluoridation of water supplies starts in USA after research identifies this element’s role in reducing decay rates by up to 50%.
- **1947 NHS launched.** Dentists agree to fee per item form of payment rather than full salaried commitment. Dentists become independent contractors to the NHS.
- 1949 First NHS dental fees cut of 50%
- 1950’s 66% of people in UK over 45 yrs are edentulous (have no natural teeth)
- 1960 Fluoride toothpastes introduced.
- 1965 High speed dental turbine facilitates restoration of teeth that would previously been extracted.
- 1970’s A combination of fluoride toothpaste and water fluoridation along with established six monthly check-ups results in a halving of decay rates in many areas. Good basic dental care, then well funded by the NHS, lead to rapidly improving dental health. The GDS was at its best, with dentists and patients happy. There was virtually no need for private treatment.
- 1979 Change of government. (Health expenditure becomes targeted.)
- 1980’s Britain still has the most cost effective dental care programme in the world.
- Decay rates are low. The number of people over 45 with natural dentition has risen to 66%. Now there are more elderly patients with natural teeth requiring more challenging treatment.

A newly discovered disease called AIDS requires up-grading and a review of cross infection procedures. A “Panorama” programme “Dirty Dentists” suggests that HIV is transmitted through dental procedures. **Dentists make several thousand pounds worth of investment in additional cross-infection measures.** Patient attendance patterns

alter. The DoH explains that there will be no fee increase as there is already an element of reimbursement incorporated in the fee scale. (Dentist's are dismayed by this claim)

The sustainability of NHS Practices begins to be in jeopardy.

October 1985 The patients charge for a course of NHS treatment is increased from **£15.00 to £115.00 for routine care**, with patients paying the full amount for the first £17 then 80% of the remainder.

In the late 1980's began a programme of Dental School closures.

The number of dentists being trained decreases. The gender and ethnic balance of undergraduates also changes leading to a further reduction of whole-time practitioners available.

October 1990 "New NHS Dental Contract" Patients are encouraged by DoH advertising to register with a dentist. Patient charges 80% of NHS fee. NHS controls fee level yet restricts materials choice.

Children's dentistry becomes capitation based. There is a decline in the amount of treatment provided for children (supervised neglect), with an increase in untreated disease levels. (The capitation fee was the same as the old examination fee.)

Dentists start to reject the contract by treating patients privately.

As a result of the NHS "Register with a Dentist" campaign, many non-attenders seek registration and treatment. Practices extend opening hours to cope with the demand both for registration and to provide treatment for these new patients. Many had not sought care for several years previously, and had high treatment needs.

1992 Government claims that dentists have been overpaid since 1990 contract.

Fees are cut and monies earned in that period subject to 'claw-back'.

Dentists start de-registering fee paying adults.

Advances in materials and techniques allow more complex and aesthetic procedures, however the NHS fees do not cover the cost of these materials.

Presently there are some 490 individual fee items. The majority attracts a patient's charge of 80% up to a maximum of £372.00 this is rather removed from the principles of the NHS.

"A full and comprehensive service available to everyone and free at the point of delivery"

During the 1990s for a number of consecutive years the Government failed to pay in full the Doctors and Dentists Review Body recommended fees increase by staging payments.

This led to two difficulties:

- The rise was not paid in full and,
- Practices had to work to two differing fee scales, causing problems for staff trying to administer the system. Sometime the fees differed by a sum as paltry as five pence. Having fees calculated to the nearest whole penny causes a further administrative problem. What other profession works to this pecunious level?

To counter the escalating difficulties in reaching registration targets, some additional funding for dentistry was made available through **Investing in Dentistry (IID)**.

Unfortunately these monies were made available only to practices that were able to register new patients.

Established practices that had full NHS lists were disenfranchised by this policy.

Many have provided years of service to the NHS and had satisfied patients. IID has provided an income stream for a group of entrepreneurs not always familiar with or compliant with NHS regulations.

The present NHS payment mechanism has failed both patients and ethical Dentists

The NHS Fee Scale has provided a mechanism for Dentists to receive an income.

It has not promoted a preventive approach to Oral Health.

It was identified in the Bloomfield Report that in many ways the fee scale encourages poor quality work necessitating frequent replacement in order to generate an income.

The Fee Scale however does provide a mechanism for determining Patients Charges.

(The problem is not the NHS Fee-scale, it is the scale of the fees!)

Unfortunately the items of the fee scale that have the greatest element of preventive care have been targeted in order to create economies. These are the examination, and scale and polish items.

(The cost of cross-infection control between patients is around £6.00. **Most NHS dentists need to make each patient contact economical and will endeavour to provide as much treatment at each appointment as possible. It is this pressure to generate items of treatment that has led to both the NHS treadmill and possible over-treatment.**)

Dentists do understand the nature of disease and have adopted and encouraged approaches based on the prevention of disease. Essential to the philosophy is a regular examination that enables detection of disease at an early and easily treated phase, from caries to oral cancer. The Dental Profession has encouraged public health measures, in particular the optimisation of fluoride in water supplies.

Payment systems and care providers.

There are a number of systems for remuneration used within the Dental Profession. There are clearly advantages and disadvantages with all of them

Salaried Dentists. The prime advantage is that there is no incentive to provide unnecessary treatment. Where fees are generated as a result of activity, there may be difficulty in balancing the income and expenses. (Boots the Chemist have recently changed all their salaried dentists onto a performance related system and now “sold out” of responsibility for dentistry altogether.) Salaried services are appropriate where there is a clearly defined patient group with similarly well-defined treatment goals. Armed Forces and care for patients with special needs are examples of appropriate salaried professionals. There is no incentive to have a full appointment book and some patient treatment time is wasted.

Capitation. This is the basis for “Denplan” and for a time was used as the sole form of remuneration in the treatment of children within the NHS.

Synonymous with capitation systems is the euphemistic term “supervised neglect”. Unless there are mechanisms to ensure high standards are maintained, there has been

measurable decrease in activity. Often “wait until it causes pain” becomes to threshold that initiates any treatment.

Fee per Item. Although the DoH has announced that this mechanism is no longer appropriate for the new NHS, fee per item is used by the majority of private insurers in the dental marketplace as well as being the preferred mechanism for Private Dentists. Often the chosen “item” is time rather than specific treatments. Laboratories charge dentists for each product they supply and patients understand a system based on a fee for a certain number of products or on the amount of time taken for the course of treatment. There is of course the potential for “over-treatment”.

The Profession has long suggested that NHS earnings should be “capped” as a simple mechanism to prevent abuse of the system.

Primary Dental care providers

At present within NHS Primary care, there are three quite distinct providers of dentistry. The greatest volume of NHS treatment is within the General Dental Service (GDS) The bulk of income for these dentists is from the NHS fee scale. **These dentists have privately financed their practices usually by bank loans or mortgages. All practice overheads including staffing costs and training are funded from the fee-scale.**

A minority of practices have been able to access IID funds. There is some re-imbursment of business rates, but by in large, GDS dentists are totally independent of the NHS. They are able to determine who and when they will accept as an NHS patient. Once they have done so, they are obliged to provide “all treatment necessary to maintain oral health” within the NHS fee scale.

The GDS provides the lowest cost per case option.

Until comparatively recently the backbone of Salaried Primary Care was the Community Dental Service (CDS)

This service evolved from the old “Schools Dentists”. The CDS has become the service with expertise, ability and facility for treating Special Needs patients. Funding of the CDS has been eroded in recent years and there are problems in the area of recruitment and retention of staff. All GDP’s are very concerned that the CDS will be further eroded. **The CDS, with its ability to mount Public Health campaigns and to respond to the special needs group of patients is ESSENTIAL to any new or changed NHS service.**

The Personal Dental Service (PDS).

This is the most recently funded part of primary dental care.

One part of the PDS which is found locally, is the **Access Centre**. Centres were promoted as a mechanism to meet the Government’s pledge that “all patients will have access to NHS dentistry.”

The cost of this service in terms of investment in premises and staffing has been considerable. The cost per case is many times more expensive than the GDS equivalent. Some clinics are under-utilised with patient numbers ranging from one or two per session to a maximum of 10. The quality of care should be of a very high level.

Access centres provide treatment, in terms of expenditure and time per visit, that is comparable to private practice. Non-exempt patients pay only the NHS charges. This is a luxury not available to GDS practitioners.

Opportunities for improving the delivery of dental care and improving oral health for patients.

“ In any cash limited environment it is impossible to provide all forms of treatment for all groups of patients”

Dentistry has evolved from a profession where sepsis and infection demanded traumatic intervention.

The spectrum of treatment options has changed with much of the focus of modern dentistry in providing aesthetic or lifestyle choices.

NHS dentistry has its roots in the philosophy of 1947. Simply abandoning the fee-scale will not bring about improvements in oral health or address inequalities.

The Profession has lobbied for change in order to target the scant resources made available to oral health.

We have recognised the need to identify the most vulnerable groups of patients and to plan towards delivering a better level of care to them rather than a compromised service for all.

We believe that the most cost-effective health gains will come from improvements in oral health education rather than from investment in sites that provide treatment.

Dental clinics are totally inappropriate venues for basing educational programmes.

Although the student/teacher ratio is very favourable, for most patients, brevity of contact brings its own pleasure.

Evidence from the World Health Organisation (WHO) demonstrates that the level of regular dental attendance is around 50% of a population. This level is fairly constant throughout the western world and is irrespective of delivery systems, or funding.

We believe that the policy of funding “Dental Access for All” is fundamentally flawed and is directing attention away from the more important issue of reducing disease levels.

Brendon Ball and Richard Swift
February 2005

Questions of the Swindon PCT PPI Forum

Swindon Patient & Public Involvement Forum

Questions regarding NHS dentistry in Swindon

General background information required

1. What is the remit of Swindon PCT to provide Dental Services under the NHS umbrella?
2. What is the budget for dental services 2004/5 & 2005/6? What % of the total NHS budget for the area?
3. How many NHS dental practices, including mobile dental practices, in Swindon PCT area?
4. How many dentists and hygienists in these NHS dental practices?
5. How are mobile dentists being used? Are there any arrangements for school visits by dentists?
6. How many maximum/ minimum number of patients per dentist in NHS practice? How many hours service contracted per dentist?
7. How many Dentists and dental practices, private and NHS, in Swindon PCT area?
8. How many individuals are waiting for registration with NHS dental practice?

Access

1. Are NHS dental practices within reasonable distance from their patients?
2. Are NHS dental practices accessible to disabled – Wheelchair friendly?

Recruitment and retention of dentists in NHS

1. Has Swindon PCT contracted with adequate number of dentists to meet its obligation in the area?
2. If not, then, what they are doing about addressing recruitment?
3. Whose responsibility is it to provide hygienist services? Are there any problems with recruitment and retention of hygienist?
4. Is there any plan to shift some of the dentist work to hygienist?

Dental patients records and contribution for services received

1. What is the PCT contribution towards the cost of dental treatments?
2. Are NHS dental practices obliged to display patient's contribution cost for treatment?

Ownership of Patient Records

1. According to the contract with dental practice, who owns patients records ?
2. Can patients take their records with them when they change dentists?

Ramnik Mehta 19/2/05

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