

**Report on the outcome of service user engagement on proposals to reduce the number of Community Dental Service (CDS) bases for Central Bedfordshire Social Care, Health and Housing Overview and Scrutiny Committee on 13 June 2011**

This paper briefly outlines the outcomes of engagement with service users between March and May 2011 in relation to the number and location of community dental services delivered by NHS Bedfordshire.

**RECOMMENDATION(s): The Social Care, Health and Housing OSC Members are asked to note outcomes of the user engagement and comment to NHS Bedfordshire on the proposals as appropriate**

**1. Introduction**

NHS Bedfordshire commissions the Community Dental Service (CDS) for residents in Bedfordshire and Luton. This is a specialist service that was established to provide dental treatment for adults and children with special needs and for other patients who are not able to be treated by 'High Street' NHS dentists.

The service, which was formerly part of Bedfordshire Community Health Services, became a social enterprise in April 2011. NHS Bedfordshire has been working with the service and developing commissioning plans to improve the quality of the service, meet new infection control requirements, improve disabled access and secure better value for money.

The PCT would commission the same range of services and level of activity, but it is proposed that this would be from a reduced number of sites. As shown in the table below.

<b>Current bases</b>	<b>Proposed bases</b>
<b>Bedford Borough</b>	
Dental Access Centre, Bedford	Dental Access Centre, Bedford
London Road Health Centre	London Road Health Centre
Queens Park Health Centre	Queens park Health Centre
Kempston Health Centre	
<b>Central Bedfordshire</b>	
Sandy Health Centre	Sandy Health Centre
Flitwick Health Centre	Flitwick Health Centre
Dunstable Health Centre	Houghton Regis (new health centre)
* Shefford Health Centre	* Shefford Health Centre
Amphill Health Centre	
Biggleswade Health Centre	
Leighton Buzzard Health Centre	

<b>Luton</b>	
Liverpool Road Health Centre	Liverpool Road Health Centre
Marsh Farm Health Centre	Marsh Farm Health Centre

\* The CDS clinic moved to the new Shefford Health Centre in April 2011. A new dental service, including special needs, is currently being tendered.

## **2. The thinking behind the proposals**

NHS Bedfordshire currently spends £7m per 100,000 people on dental services, which is significantly higher than the average across England and is the third highest in the East of England. Service reviews have indicated that there are two specific areas of spend that are particular outliers: hospital based dental services and the Community Dental Service. NHS Bedfordshire has a duty to ensure both quality and value for money from the services it commissions and is rightly looking at how these services can deliver better value. A new minor oral surgery service at Bedford Hospital will improve quality and deliver savings that can be reinvested elsewhere.

NHS Bedfordshire commissioners have been in discussions for some time with the CDS to agree how the service can be made more efficient. The current number of bases is having a significant impact on the efficiency of the service. Some locations are open for a limited number of hours per week and see lower numbers of patients. This increases staffing costs and time spent by specialist dentists travelling between bases. In addition, some of the bases require significant investment to bring them up to new Care Quality Commission (CQC) infection control standards and DDA compliance, where this is possible.

We have agreed with the CDS that a more efficient and viable service would need to operate from fewer sites, but continue to provide the same level of activity and range of services as in 2010/11. The majority of patients would continue to be seen by the same dental staff in other CDS clinics.

## **3. Service user consultation**

The PCT committed that no decisions would be made on the final service configuration without considering the views of those service users at the affected bases. NHS Bedfordshire carried out face-to-face interviews with 40 service users and carers at these bases in December to begin to gain an understanding of their needs, how they use the service and their views on possible changes.

In March, the PCT wrote to 4,838 patients, who currently use the bases that it is being proposed would close, to explain the proposed changes and seek their views. The PCT also wrote to local authority social care departments, community health services, care homes, voluntary organisations and general dental practitioners to seek their views. This report summarises the responses received during consultation.

Letters were sent out between 14 and 16 March 2011. We asked for responses to be sent to us by 15 April, although we have continued to include responses received up until 3 May 2011. Analysis of the responses is set out in tables on pages 3-16 below. Percentages are rounded to the nearest whole number.

## 4. Analysis of responses

### 4.1 All responses

Table 1: Response rates

Clinic location	Patients consulted	Responses received	% of clinic patients	% of all patient responses
<b>Amphill</b>	582	61	11	7
<b>Biggleswade</b>	752	231	31	28
<b>Dunstable</b>	1,556	169	11	21
<b>Kempston</b>	642	98	15	12
<b>Leighton Buzzard</b>	1,306	264	20	32
<b>Total</b>	<b>4,838</b>	<b>823</b>	-	<b>100</b>

Tables 2, 3 and 4: Profile of respondents

Patient	Carer	Special care needs	No special care needs	No response
54	44	26	65	9

  

Under 11	11-17	18-44	45-64	65-74	75 or over	No response
23	26	16	18	7	8	2

Table 5: Frequency of attendance at their clinic

Monthly	3 monthly	6 monthly	Yearly	Other	No response
<1	16	61	14	6	2

Table 6: Length of time as a patient

Less than 1 year	1-2 years	More than 2 years
9	17	72

Table 7: How patients travelled to their clinic

Car	Walk	Bus	Taxi	Train	Patient transport	Other
57	34	6	2	<1	<1	1

Table 8: Reasons for choosing CDS clinic

Reason	%
Friendly/helpful staff	81
High standard of care	77
Familiar/comfortable surroundings	70
Close to where I live	70
Well equipped facilities	58
Other family members use the service	48
Lack of NHS alternatives	31
Other	27

Table 9: Alternatives that patients would use if their clinic closed

Nearest CDS clinic	Local 'High Street' dentist	Other	No response
35	38	22	5

Table 10: Is this an acceptable alternative?

Yes	No	No response
24	69	7

Table 11: Is there anything that needs to be improved in your current CDS clinic or service?

Yes	No	No response
14	76	10

## 4.2 Ampthill Clinic responses

Table 1: Response rate

Patients consulted	Responses received	% of clinic patients
582	61	11

Tables 2, 3 and 4: Profile of respondents

Patient	Carer	Special care needs	No special care needs	No response
46	51	10	82	8

Under 11	11-17	18-44	45-64	65-74	75 or over	No response
21	44	11	15	5	2	2

Majority of patients (65%) are under 18. Only one in 10 patients considered that they had special care needs

Table 5: Frequency of attendance at their clinic

Monthly	3 monthly	6 monthly	Yearly	Other	No response
0	3	56	16	21	4

'Other' included: one-off; when I needed periodontic service; no longer go to this clinic

Table 6: Length of time as a patient

Less than 1 year	1-2 years	More than 2 years	No response
9	17	72	4

Table 7: How patients travelled to their clinic

Car	Walk	Bus	Taxi	Train	Patient transport	Other	No response
79	18	0	0	0	0	0	3

Table 8a: Reasons for choosing this clinic

Reason	%
Close to where I live	64
Friendly/helpful staff	59
High standard of care	54
Familiar/comfortable surroundings	43
Other	43
Well equipped facilities	31
Other family members use the service	28
Lack of NHS alternatives	21

Table 8b: Responses by theme

Themed responses	Number
Referred by other dentist/school	10
Children's services	5
Current service – staff and care	4
Convenience	3
Specialist care	2
Historical	2
Fear of dentist	1

Table 9: Alternatives that patients would use if their clinic closed

Nearest CDS clinic	Local 'High Street' dentist	Other	No response
51	38	8	3

'Other' included: Anyone that has a periodontist service; same dentist we (parents) use.

Table 10a: Is this an acceptable alternative?

Yes	No	No response
59	33	8

Table 10b: Responses by theme of those who said no

Themed responses	Number
Location and transport	6
Current service/quality	4
Preference/convenience	2
Financial	1
Access within the building	1
Need a children's service	1

Table 11a: Is there anything that needs to be improved in your current CDS clinic or service?

Yes	No	No response
26	52	22

Table 11b: Responses by theme of those who said yes

Themed responses	Number
Longer opening hours	4
Parking	3
Larger premises	2
New equipment	2
Modernise / decorate	1
Ensure NHS access	1

Table 12: Is there anything we should take into consideration if we move the service?

Themed responses	Number
Access to other NHS services	5
Location, travel and cost	4
Impact on town	3
Maintain type and quality of service	2
Impact on patient	2
Parking	2
Impact on service / staff	1

### 4.3 Biggleswade Clinic responses

Table 1: Response rate

Patients consulted	Responses received	% of clinic patients
752	231	31

Tables 2, 3 and 4: Profile of respondents

Patient	Carer	Special care needs	No special care needs	No response
80	18	23	64	3

Under 11	11-17	18-44	45-64	65-74	75 or over	No response
12	13	17	23	13	17	3

Nearly three-quarters of patients were adults (30% were 65 and over). Two-thirds did not consider that they had special care needs.

Table 5: Frequency of attendance at their clinic

Monthly	3 monthly	6 monthly	Yearly	Other	No response
1	11	55	26	5	3

'Other' included: ongoing treatment; when needed; four-monthly.

Table 6: Length of time as a patient

Less than 1 year	1-2 years	More than 2 years	No response
7	23	69	1

Table 7: How patients travelled to their clinic

Car	Walk	Bus	Taxi	Train	Patient transport	Other	No response
51	35	10	3	0	0	1	1



Table 8a: Reasons for choosing this clinic

Reason	%
Friendly/helpful staff	90
Close to where I live	86
High standard of care	86
Familiar/comfortable surroundings	78
Well equipped facilities	71
Other family members use the service	50
Lack of NHS alternatives	46
Other	19

Table 8b: Responses by theme

Themed responses	Number
Disabled access	12
Staff and care	9
Fear of other dentists	8
Convenience	7
Children's services	1
Specialist care	1
Historical	1
Referred by other dentist / school	1

Table 9: Alternatives that patients would use if their clinic closed

Nearest CDS clinic	Local 'High Street' dentist	Other	No response
37	31	24	7

'Other' included: cannot afford to go private; has to be on ground floor; I don't want anything else.

Table 10a: Is this an acceptable alternative?

Yes	No	No response
26	69	4

Table 10b: Responses by theme of those who said no

Themed responses / no	Number
Access within the building	26
Location and transport	20
Preference / convenience	19
Impact on town	14
Current service/quality	12
Financial	7
Need a children's service	4
Impact on service/staff	3
Parking	1

Table 11: Is there anything that needs to be improved in your current CDS clinic or service?

Yes	No	No response
15	78	7

Table 11b: Responses by theme of those who said yes

Themed responses	Number
Parking	12
Longer opening hours	7
Ensure NHS access	4
Larger premises	3
New equipment	1
Disabled access	1

Table 12: Is there anything we should take into consideration if we move the service?

Themed responses	Number
Location, travel and cost	36
Impact on patient	25
Access to other NHS services	22
Building access	18
Maintain type and quality of service	18
Impact on town	13
Impact on service / staff	11
Parking	2
Provide home visits	1

#### 4.4 Dunstable Clinic responses

Table 1: Response rate

Patients consulted	Responses received	% of clinic patients
1,556	169	11

Tables 2, 3 and 4: Profile of respondents

Patient	Carer	Special care needs	No special care needs	No response
27	71	25	68	7

  

Under 11	11-17	18-44	45-64	65-74	75 or over	No response
37	40	10	6	3	5	0

Majority of patients (77%) are under 18. One in four considered that they had special care needs.

Table 5: Frequency of attendance at their clinic

Monthly	3 monthly	6 monthly	Yearly	Other	No response
4	25	60	4	7	1

'Other' included: home visit every 6-9 months; rarely; once

Table 6: Length of time as a patient

Less than 1 year	1-2 years	More than 2 years	No response
10	22	66	2

Table 7: How patients travelled to their clinic

Car	Walk	Bus	Taxi	Train	Patient transport	Other	No response
69	18	8	1	0	0	0	4

Table 8a: Reasons for choosing this clinic

Reason	%
Friendly/helpful staff	68
High standard of care	62
Familiar/comfortable surroundings	50
Well equipped facilities	47
Close to where I live	46
Other family members use the service	39
Other	39
Lack of NHS alternatives	15

Table 8b: Responses by theme

Themed responses	Number
Disabled access	12
Need a children's service	12
Referred by other dentist / school	10
Home visits	9
Fear of other dentists	8
Specialist care	7
Historical	2
Convenience	2
Staff and care	2

Table 9: Alternatives that patients would use if their clinic closed

Nearest CDS clinic	Local 'High Street' dentist	Other	No response
42	30	23	5

'Other' included; follow current dentist; would need a recommendation; child specialist dentist

Table 10a: Is this an acceptable alternative?

Yes	No	No response
30	58	12

Table 10b: Responses by theme of those who said no

Themed responses / no	Number
Location and transport	18
Current service/quality	18
Need a children's service	14
Impact on town	14
Impact on service/staff	9
Preference / convenience	8
Access within the building	7
Financial	2
Parking	1

Table 11: Is there anything that needs to be improved in your current CDS clinic or service?

Yes	No	No response
12	76	12

Table 11b: Responses by theme of those who said yes

Themed responses	Number
Disabled access	7
Parking	3
Longer opening hours	2
Larger premises	2
New equipment	1
Ensure NHS access	1

Table 12: Is there anything we should take into consideration if we move the service?

Themed responses	Number
Maintain type and quality of service	39
Location, travel and cost	21
Impact on patient	14
Access to other NHS services	8
Impact on service / staff	8
Impact on town	7
Provide home visits	4
Parking	4
Building access	1

## 4.6 Leighton Buzzard Clinic responses

Table 1: Response rate

Patients consulted	Responses received	% of clinic patients
1,306	264	20

Tables 2, 3 and 4: Profile of respondents

Patient	Carer	Special care needs	No special care needs	No response
56	44	18	73	9

  

Under 11	11-17	18-44	45-64	65-74	75 or over	No response
28	30	15	19	5	2	2

Majority of patients (58%) are under 18. Fewer than one in five considered that they had special care needs.

Table 5: Frequency of attendance at their clinic

Monthly	3 monthly	6 monthly	Yearly	Other	No response
3	19	62	12	3	0

'Other' included: every week; as often as needed; and occasionally.

Table 6: Length of time as a patient

Less than 1 year	1-2 years	More than 2 years	No response
10	13	75	2

Table 7: How patients travelled to their clinic

Car	Walk	Bus	Taxi	Train	Patient transport	Other	No response
47	47	2	2	0	0	1	1

Table 8: Reasons for choosing this clinic

Reason	%
Friendly/helpful staff	89
High standard of care	86
Familiar/comfortable surroundings	82
Close to where I live	78
Other family members use the service	67
Well equipped facilities	61
Lack of NHS alternatives	37
Other	23

Table 8b: Responses by theme

Themed responses	Number
Specialist care	8
Staff and care	4
Disabled access	4
Convenience	4
Need a children's service	2
Fear of other dentists	2
Historical	1
Referred by other dentist / school	1

Table 9: Alternatives that patients would use if their clinic closed

Nearest CDS clinic	Local 'High Street' dentist	Other	No response
13	59	22	5

'Other' included: follow current dentist; dentist with disabled access; closest alternative.

Table 10: Is this an acceptable alternative?

Yes	No	No response
8	89	3

Table 10b: Responses by theme of those who said no

Themed responses	Number
Location and transport	17
Impact on patient	10
Current service/quality	9
Preference / convenience	7
Parking	7
Access within the building	5
Need a children's service	5

Table 11: Is there anything that needs to be improved in your current CDS clinic or service?

Yes	No	No response
22	70	7

Table 11b: Responses by theme of those who said yes

Themed responses	Number
Longer opening hours	11
Disabled access	2
Larger premises	2
Parking	1
New equipment	1
Ensure NHS access	1
Modernising / decorating	1

Table 12: Is there anything we should take into consideration if we move the service?

Themed responses	Number
Location, travel and cost	48
Impact on town	41
Impact on patient	33
Maintain type and quality of service	27
Impact on service / staff	12
Access to other NHS services	5
Parking	4
Building access	2



## **5. Commissioner response**

The Community Dental Service is primarily a specialist service that provides very good standards of care. However, the current configuration of the service prevents it from making the best use of resources in order to deliver the necessary value for money. In addition, some of the bases from which it operates do not meet required clinical standards or disability access.

There are currently seven CDS clinics serving Central Bedfordshire: Ampthill Health Centre; Biggleswade Health Centre; Dunstable Health Centre; Flitwick Health Centre; Leighton Buzzard Health Centre; Sandy Health Centre; and Shefford Health Centre. The proposal was to reduce this number by closing Ampthill, Biggleswade, Dunstable and Leighton Buzzard and opening a new CDS clinic in Houghton Regis.

### **Ampthill**

The clinic is situated on a first floor with access via stairs and a lift. Clinic space is limited and investment would be required to bring it up to new decontamination standards. Around one in 10 patients who have used this clinic considered that they had a special care need. Staff shortages have meant that the clinic has not been treating patients since 2010 and patients have been going to Flitwick CDS clinic for treatment.

The main reasons patients gave for choosing the Ampthill clinic were its proximity to where they lived; friendly, helpful staff; high standard of care; and comfortable surroundings. Patients would still be able to access the same high standards of care from CDS staff at the well equipped CDS clinic in Flitwick.

Although closure of the Ampthill clinic would increase travel distances for some patients, the Flitwick clinic is only 1.9 miles from the Ampthill clinic and a high percentage of patients (79%) currently travel by car. A number of patients said they had used Ampthill as it provides a children's service; this is also provided at the Flitwick clinic. It should also be noted that the CDS provides routine access for patients living in areas of high deprivation and that Ampthill has one of the lowest deprivation scores in Central Bedfordshire, approximately half that of neighbouring Flitwick .

In addition to the CDS clinic in Flitwick, there is an NHS dental practice in Ampthill and three in Flitwick within 1.6 miles for those patients who might choose to visit a High Street NHS dentist. 89% of patients said they would use either the Flitwick CDS clinic or a local NHS dentist.

### **Biggleswade**

There was a high response rate from Biggleswade patients (31%). Just under two-thirds of patients did not consider themselves to have a special care need. The clinic has limited space and would require significant investment to meet new decontamination standards.

The main reasons patients gave for choosing the Biggleswade clinic were friendly, helpful staff; its proximity to where they lived; high standard of care; comfortable surroundings; and well equipped. The alternative CDS clinic in Sandy would provide the same high standards of care, from CDS staff working in a comfortable and well-equipped clinic.

Just over half of patients currently travel to the Biggleswade clinic by car and just over one-third walk. The Sandy clinic is 5.3 miles from the Biggleswade clinic and can be reached by car, train or bus, although the latter two would also require a 10-20 minute

walk. There are two High Street NHS dentists within 0.3 miles of the Biggleswade clinic, one of which has disabled access. There are two further NHS dentists within 3.3 miles in Sandy, one of which has disabled access. Only 12 % of patients visit more frequently than six-monthly. Some patients were concerned about the impact on the town. However, Sandy, unlike Biggleswade, is among the lower 20% of deprivation areas in Central Bedfordshire. Sandy Health Centre also has more potential for future expansion, should this be required.

### **Dunstable**

Dunstable, along with Ampthill, had the lowest response rate to the questionnaire at 11%. One in four of respondents considered that they had a special care need and two-thirds did not. The clinic has limited space and would require investment to bring it up to new decontamination standards. It is situated on the first floor; it does not have disabled access and it would not be possible to install this. Three-quarters of the patients were under 18 and a high number (69%) travelled to the clinic by car.

The main reasons patients gave for choosing the Dunstable clinic were friendly, helpful staff and high standard of care. Fewer than half chose it because it was close to where they live. Some said they chose it because it provided a children's service and a number of patients were referred by other dentists.

The alternative to Dunstable for most patients would be a new CDS clinic in the refurbished health centre in Houghton Regis, which is 2.5 miles from the current CDS clinic. A CDS clinic had been located in Houghton Regis until the health centre closed in October 2007 and patients were then referred to Dunstable. This proposal would be a return to the previous situation, but in modern, newly equipped facilities that would meet all access and decontamination requirements. There is an under-utilised car park located opposite that is currently reserved for health centre staff. The PCT will discuss with the local authority the potential to open this up to health centre patients.

Patients, including children, would continue to receive the same high standards of care from CDS staff. For those patients who do not have special care needs, they would have the option to choose between five NHS High Street dental practices within 0.3 miles in Dunstable. The CDS also has a remit to provide access to dental care in areas of high deprivation and Houghton Regis, unlike Dunstable, is in the lowest 20% of areas in Bedfordshire for deprivation.

### **Leighton Buzzard**

The CDS clinic is located in the health centre and would require investment to bring it up to new decontamination standards. There was a 20% response rate to the questionnaire. Just under three-quarters did not consider that they had a special care need and 18% did. The majority of patients (58%) were under 18. The same percentage walked to the clinic (47%) as travelled by car. There are few designated parking spaces, but there is on-street parking.

The main reasons patients gave for choosing the Leighton Buzzard clinic were friendly, helpful staff; high standard of care; comfortable surroundings; and close to where they live. Although alternative CDS clinics would provide the same high standards of care from CDS staff in well-equipped facilities, the closest alternative in Houghton Regis is 9.7 miles away. The CDS clinic in Leighton Buzzard also provides access in an area of high deprivation. However, for those patients who do not have special care needs, there are currently five NHS dental practices within 0.4 mile of the clinic, three of which have disabled access.

## **6. Conclusion**

The Community Dental Service provides dental treatment for adults and children with special care needs and for other patients who are not able to be treated by 'High Street' NHS dentists, as well as routine access for people in areas of high deprivation.

It is a highly regarded service, but is an expensive service in comparison to similar services in other areas. NHS Bedfordshire has been working very closely with the service to develop proposals that will enable it to meet its remit within the available funding to ensure that the service is viable and sustainable in the long term.

This work has led to proposals to close a number of clinics and provide the same level of activity and range of services from fewer locations. In doing so, we have sought to strike the right balance between assessed health needs, access (particularly for those who are vulnerable and disadvantaged) and service user needs and preferences. The feedback from service users through this consultation has given us a much clearer picture of their experiences, needs and concerns.

As a result, we have concluded that the CDS would continue to provide a high quality, effective and efficient service for its patients in Central Bedfordshire with the number of clinics reduced from seven to five. This would be achieved by closing CDS clinics in Ampthill, Biggleswade and Dunstable and opening a new CDS clinic in Houghton Regis. The proposed closure of Leighton Buzzard would not go ahead.

This is part of an overall package designed to make the service more efficient by reducing running costs and improving productivity. This will deliver efficiency savings of £1 million over two years and enable the CDS to continue to provide specialist and routine access dental care for service users in Bedfordshire and Luton.

This recommendation will be considered by NHS Bedfordshire's Clinical Executive Committee on 6 July for their endorsement, which will go to the Board of NHS Bedfordshire on 27 July for a decision. If approved, implementation will be from September 2011.

NHS Bedfordshire will write to service users informing them of the decision and their options. We will work with the provider to support service users in moving to another CDS clinic. We will also support patients who wish to access a High Street NHS dentist through our Patient Advice and Liaison Service (PALS) and via our dedicated freephone dental helpline.

Information will be placed in the CDS clinics and clinic staff will be fully briefed to ensure correct and consistent information is provided through any patient contacts. NHS Bedfordshire will also write to other stakeholders, such as social care teams, who may have a professional contact with the service or service users.

David Levitt, Deputy Director of Communications and Public Engagement

Tony Medwell, Head of Primary Care Commissioning