

With 30% of five-year-olds in deprived areas suffering some form of tooth decay, is it time for a new dental contract that focuses more on prevention and less on treatment? **Ann McGauran** asks what role dental corporates can play in improving children's oral health and influencing the way dentistry is delivered in the UK

Paying for prevention

There is clear evidence of socio-economic and geographic variations in children's oral health in England. As a growing sector within dentistry, how can the corporates help in promoting disease prevention?

Root Causes, a joint report from the Nuffield Trust and the Health Foundation concluded that while as a nation our dental health is improving, at the last count for 2014/15, only 70% of five-year-olds in the most deprived areas had healthy teeth, compared to 83% of five-year-olds in the least deprived areas.

Can the corporates increase the focus on prevention? Chris Groombridge is managing director of 543 Dental Care Ltd, a large practice based in Hull, Yorkshire. He said the current NHS dental contract in place since 2006 'does not pay for prevention' and puts the focus on treatment instead. He does not have great faith in the current dental contract reform process, which he called 'purely an access pilot to drive patient numbers to be treated'.

Groombridge is also the chair of the Teeth Team programme – a national school-based tooth brushing, fluoride varnish and education initiative. It is supported by a range of partners, including corporates and independent dental practices. He would also like to see a national children's oral health campaign.

There are other initiatives promoting prevention. Members of the British Society of Paediatric Dentistry (BSPD) treat children on referral from dental practices for a range of issues. It said it had initiated a discussion with the Association of Dental Groups (ADG) about the promotion of its campaign *Dental Check by One* – to get parents to take their baby to the dentist when his or her first teeth come through and by the age of one at the latest.

The BSPD said chief dental officer for England Sara Hurley had championed the campaign and had ensured dentists are able to claim for providing an appointment at which preventive advice

can be delivered to parents and there is the opportunity for a dental examination. *Dental Check by One* has also been included in the government's Starting Well programme in 13 areas of England where children's oral health is worst.

The corporate role

BSPD president Claire Stevens sees a role for the corporates. She said the number and spread of dental chains 'means they have the potential to treat many thousands of children. With significant resources and manpower, they are able to raise awareness among families that NHS dentistry is free to children'.

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Community Dental Services (CDS) is an employee-owned social enterprise and community interest company delivering clinical dental and oral health promotion services in Bedfordshire and a number of other counties in England. Its services are mainly commissioned by either NHS England or local authorities.

CEO Alison Reid said its oral health improvement work is 'targeted on those more deprived populations that do have

evidence of poorer oral health'. This includes training care support workers 'to be much more oral health aware'. Where funded, 'CDS also runs a fluoride varnish community programme so we can apply fluoride to the teeth to reduce the risks there'.

Dentistry is still dominated by an owner occupier structure, with only around 17% of approximately 11,900 dentists in the UK owned by corporate dentistry chains in 2014. But the proportion of practices owned by the corporates is growing.

In that context, does Reid think the corporate dentistry groups can significantly drive improvements in children's oral health?

She highlights that most dental commissioning in England is not with corporates. She thinks there are 'bigger challenges with the 76% (of practices) that aren't corporates and are small dental practice owners'.

She added: 'it's about whether they have all got the right skills and expertise and would that be better developed if there was a scheme that supported them with the skills to be able to offer a comprehensive programme. That's one of the benefits of having the corporates or community dental service providers. They have people with oral health improvement education skills. They have the skills and consistency across more than one area.'

But she emphasises that funding for prevention is 'not consistent'. With such competition currently for funding in local authorities facing substantial cuts 'it needs to be funded centrally'.

A different contract

Reverting to Groombridge, are there any alternatives to the dental contract reform prototypes that would adjust the focus more towards prevention? He points to the approach to commissioning in his area of North Yorkshire and Humber, where NHS commissioners 'take a percentage of



some one's contract... and we said we will spend that on something called In Practice Prevention'. The approach aimed specifically at children's oral health is now running in about 23 practices and is proving to work'.

The biggest corporate chains in the UK are mydentist and Bupa, followed by a myriad of smaller groups. One of those is the Centre for Dentistry, whose 25 practices in England are available at branches of Sainsbury's.

Its CEO Lisa Riley said her mission is to 'actually start affecting and influencing the way dentistry is delivered in the UK and part of that motivation is about the fact that around 40% of people on average don't go to the dentist and it makes you wonder why that is'.

She added: 'The reason we're in Sainsbury's is because it's an environment that's normal and it's a very comfortable place to visit. As a result it changes the perception of a dental practice completely.'

The Centre for Dentistry is 'a private-only business' built on the concept of the

'middle market and affordability...If we have one parent registered, we will do kids' check-ups for free up to the age of 11'.

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Their practices are designed to be child-friendly, and the 'kids' fees (for treatment) are designed to be deliberately low - about half the price of what an adult treatment would cost'.

Her staff also visit schools to provide

knowledge and education, and she thinks it would be 'easy to weave oral health into the schools' curriculum'.

Does she agree with Groombridge that flexible commissioning on a wider scale to provide protected contract money for prevention is the way forward? 'I think anything that's done to create that focus has got to be a good thing.'

But she concludes that while you can 'do it forcibly through money...a bit of hearts and minds needs to go into it'.

She thinks it's time for industry and government to link up. 'It would be much better to get a group of corporates and individuals around the table. These would be people who are respected and known within the industry. They could create something that's collaborative about how we can have a campaign to do something significant about kids' oral health. To make a really big impact in socially deprived areas you've got to be really creative.'

