Challenges for Commissioning Prison Dental Services

Dr John F Beal MBE
Hon Senior Lecturer and Consultant in Dental Public Health
Dental Lead, West Yorkshire SHA
Regional Prison Dental Adviser, Yorkshire & the Humber
Percentage with 18 or more sound (untreated) teeth

![Bar chart showing percentage of teeth for different age groups and institutions.]
Mean number of decayed, missing and filled teeth in 25-34 year-olds
Percentage experiencing pain/toothache (all ages)
Percentage experiencing discomfort on eating (all ages)
If you went to the dentist tomorrow do you think you would need treatment? (25-34 year-olds)
Time since last visit to dentist (%) (25-34 year-olds)
Reason for last visit to dentist (%) (25-34 year-olds)
Toothbrushing frequency (%) (25-34 year-olds)
Been shown how to clean teeth (%) (25-34 year-olds)
Type of toothbrush used (%) (all ages)
Oral Health of Prisoners

• Oral health in England has improved considerably over last 30 years
• Inequalities do still exist matched to areas of social deprivation
• 50% of prisoners are unemployed before sentencing
• Enter prison with poor oral health
• Untreated disease about 4 times greater than general population from similar social backgrounds
• Dental attendance less than general population
• Needs have not been met within prison
Working with PCTs and SHAs

- PCTs are the commissioners
- Prison health care must integrate within PCT
- SHAs responsible for ensuring delivery of prison health programme
- PCT dental advisers must be involved
- DRS visits
- Prison dentists involved in audit
- Develop networks
PCTs should……

- be aware of the local action plan and ensure it’s delivery

- be aware of indicative growth resources for prison dentistry

- be aware of resources for service provision within indicative allocations

- determine what resources are required

- commission quality services to meet the needs from an appropriate provider(s)
SHAs should....

• be aware of the local allocations for prison dentistry modernisation
• have a copy of every dental action plan in their area
• performance manage implementation of the action plans by PCTs
• Ensure PCTs delivery a quality service for prisoners
Highlight issues for consideration this afternoon

• Included in the prison dentistry strategy

• Identified in Yorkshire & the Humber meetings

• Raised at the national prison healthcare conference in York in May 2005
Patient charges

• all prisoners exempt since 1\textsuperscript{st} April 2005
  – DPB are paying total fees
  – patient charge revenue still with prisons
  – DH reviewing because of danger that this money will be lost from dentistry
Some issues to be addressed

• Poor oral health
  – high treatment need
  – toothache previously suppressed by drugs
  – demand for urgent treatment
  – range of treatment to be provided to be related to length of time in prison
Waiting times for routine dental care in prisons in Yorkshire & Humberside at December 2004
(guideline 6 weeks)
Waiting times for urgent dental care in prisons in Yorkshire & Humberside at December 2004 (guideline 24 hours)
Some issues to be addressed

• Waiting times
  – how is waiting time for urgent treatment measured?
  – are the times reported accurate?
  – do you meet the guidelines?
  – if not – why not? – would additional triage help?
  – do you have enough dentist sessions? (1 session per 250 prisoners minimum)
  – do you need to commission extra sessions as waiting list initiative or permanently?
Some issues to be addressed

• Waiting times
  – is oral health and dental treatment included when prisoner admitted?
  – might some form of triage / screening / assessment be introduced to prioritise?
  – how do you prioritise between routine care for a prisoner who looks after their oral health and a ‘feckless junkie’?
  – demands for cosmetic treatment
Some issues to be addressed

• Absence of usual dentist
  – benefits of a service or group practice
  – current GDS regulations place onus for cover on the dentist
  – should the SLA place the responsibility for cover on the dentist?
  – what arrangements are there for OoH cover?
Some issues to be addressed

• Oral health education
  – is it currently provided?
  – who does it?
  – should it be undertaken by dental staff or health promotion staff?
  – what training does that person have?
Some issues to be addressed

• Common risk factor approach
  – diet / nutrition
  – access to drinking water
  – (oral) hygiene
  – tobacco use
  – alcohol
  – drugs
Some issues to be addressed

• Oral health promotion
  – what oral health aids are available?
  – is the quality of the toothbrushes acceptable?
  – is the available toothpaste acceptable
  – mouthwashes (some alcohol based)
Some issues to be addressed

- **Clinical Governance**
  - how is it carried out?
  - is it integrated into the prison health service and/or PCT system
  - should peer review be undertaken with ‘peers’ ie other prison dentists (possibly co-ordinated at SHA level?)
Some issues to be addressed

• Professional isolation
  – how can this best be addressed?
  – prison dentistry network (?SHA level)
  – prison dentistry conferences (? how often)
  – professional associations such as BASCD?

•Supported by dental team

• Induction training provided
Some issues to be addressed

- Prisoner transfer and release
  - can patient records be transferred between prisons?
  - could arrangements be made for transfer of patient to outside dentist on release? – to CDS?
- Are the number of referrals to hospital appropriate?
Some issues to be addressed

• Quality of facilities
  – GDPA inspection every 3 years
  – infection control procedures
  – clinical waste disposal
  – maintenance of equipment
  – radiological protection
  – etc
Some issues to be addressed

• Maximise clinical time
  – is administrative support available?
  – can the DNA rate be reduced?
  – are sessions cancelled – by whom?
  – security implications
Some issues to be addressed

• What service / how monitored?
  – is there a contract / Service Level Agreement?
  – does the dentist have a unique number for that prison?
  – does the dentist use the FP17P form?
  – does the prison and PCT receive quarterly reports of the treatment provided?
  – what about the users perspective
  – feedback on complaints – to whom?
Some issues to be addressed

• Is dentistry integrated into the prison healthcare provision?
  – does the dentist have access to the doctor and/or the medical notes?
  – is the dentist involved in meetings of healthcare staff?
  – is oral health part of the health needs assessment programme
Some issues to be addressed

What does it cost?

and

Is it good value for money?
Taking the agenda forward

Need to work together

- **Prison**
  - governor, healthcare manager and health staff, prison dentist and team

- **PCT**
  - commissioning, finance, consultant in dental public health, general dental practice adviser

- **SHA**
  - prison lead, dental lead
Thank you

I’m happy to forward a copy of these slides if you email me on

john.beal@dh.gsi.gov.uk