

## Written evidence submitted by the British Dental Association

### Public Accounts Committee: primary care services

#### Summary

Knowing the price of everything and the value of nothing is a phrase that could apply to NHS England's policy to outsource its primary care function to Capita and its impact on NHS dentistry. Undoubtedly, this has resulted in cost savings, but at the expense of patients struggling to access NHS dentistry, and prospective NHS dentists being forced to stand idly by while waiting for unreasonably lengthy periods for their performer numbers to be processed. This has caused financial hardship for the dentists affected, and threatened the viability of NHS dental practices to deliver that care. Overall, this cost-cutting approach has resulted in huge personal and societal costs and we agree with the NAO that 'value for money is not just about cost reduction'.

#### Key points

As a consequence of Capita's failings:

- Patients have suffered delays in accessing NHS services (throughout but see paras 11-15).
- Performers (dentists in primary care) have suffered financial detriment and emotional distress (paras 15-18)
- Practices have been put under increased pressure to meet contract targets in tight timescales in a profession already suffering high stress levels (paras 21-24).
- The business viability of some NHS dental practices has been threatened through clawback, due to the delays. This has been particularly acute in areas where there are already recruitment and retention difficulties, leading to an exacerbation of patient access issues (paras 21-24).

The last three points link back to the first – where primary care dentists are discouraged from entering or staying in NHS dentistry, patients find it harder to find an NHS dentist.

#### Submission

1. The British Dental Association (BDA) is the professional association and trade union for dentists practising in the UK.
2. The BDA welcomes the opportunity to make a submission to the Public Accounts Committee inquiry. We have consistently expressed concerns about the management of this contract and welcomed the NAO's recent report.
3. Whilst cost savings have been made by NHS England, millions of pounds have been lost to dental care through dentists being unable to perform dental work due to the delays in processing performer list applications. The 'savings' led to a loss of service for patients and unnecessary distress for practitioners.

**What problems have you experienced with primary care support services since Capita began delivering services?**

4. The services provided to dentists by Capita are NHS supplies (key forms that patients need to sign, prescription pads) and the management of entry and change notifications for the lists of dentists approved to work in the NHS. We have experienced problems with both services.

Supplies

5. With supplies, the deliveries were initially haphazard which caused practical problems, for example the lack of prescription pads necessary for dentists to prescribe vital medication.

Performer List

6. In the context of the way the current NHS dental contract is commissioned, the delays in processing the performer list applications are likely to have longer term implications for patients, practices, and performers.
7. Under the National Health Service (Performers Lists) (England) Regulations, all dentists who wish to work in the NHS are required to be on the National Performer List. This applies to dentists working in general dental practices and in community dental services (for example treating patients with special needs).
8. There was considerable variation across NHS local areas before Capita began delivering performer list services. However, our members report that before Capita took over, an application took an average of 6 weeks to process. After Capita took over, members reported delays of five to six months, while some had to wait a year, to get their applications processed. Both overseas and UK trained dentists were affected by such delays.
9. One case which demonstrates the nature of the problems experienced is that of a dentist who had worked for the Royal Navy for around eight years and left the navy in June 2017. The dentist had been offered a position in an NHS practice in the South West (a region that is struggling to recruit NHS dentists) and was due to start working there also in June 2017. The dentist applied to Capita for a performer number in February 2017 as the Primary Care Support England (PCSE) website stated that applications took up to 12 weeks to process. Though all the relevant paperwork was provided the dentist was not provided with a performer number in time – and was therefore unable to start working as an NHS dentist, in an area where patients were struggling to get an NHS dentist and dental practices are desperate to recruit more NHS dentists. The dentist did not in fact get the performer number till October 2017. This denied thousands of patients NHS care - a story that was sadly repeated many times over throughout the country.
10. In addition to the delays and the customer service issues (see para 14 below), we have had reports where performers had been told that an application had been approved, when in fact this was not the case. We remain concerned about the current accuracy of the performer list given that the purpose of the lists is to provide an extra layer of reassurance for the public.

**What impact have these problems had on a) patients b) primary care services and c) you as providers of primary care)**

**Impact on patient care**

11. Thousands of members expressed their frustration at patients having to wait longer for NHS treatment, and their being unable to provide patient care and do the job they had trained to do:

*“As a young dentist, I am keen and determined to practise dentistry and treat those that require my skills. Having trained for five years, it is unacceptable that I have not been able to receive with a performer number within the timeframe they have stated.”*

12. Practices reported that they had a list of patients wanting to be seen by the practice but were unable to take them on until the new performers had a start date confirmed. The poor (and sometimes misleading or clearly wrong) communication from Capita meant that practices often had to cancel large numbers of patients while waiting for a start date.

*“We genuinely have no interest in being combative or entering into an unnecessary dispute with the NHS, I support the spirit and purpose of the NHS wholeheartedly as does every member of our practice team. We are passionate about dentistry and caring for our patients some of whom have been attending our practice since childhood.”*

*“The situation for us is a practical one and this matter has unfortunately now turned into a serious threat to the service and the many thousands of patients who we offer care, and it must be addressed.”*

13. It is important that these events are also understood in the context of the major recruitment and retention crisis being faced by dental practices – particularly those with the highest NHS commitment. We have data to show that nearly two thirds of practices who sought to recruit a dentist in England had experienced difficulties during 2016. We found recruitment issues were particularly acute in the South West and North East/East of England, these areas have high levels of oral health inequalities, and the additional delays which resulted from Capita’s failures and NHS England’s failure to deal with the situation, intensified the difficulties for patients and practices in these areas. The impact on patients has been profound.

**Impact on services**

14. The following communication from an independently-owned practice in Norfolk with nine dentists offering care to approximately 10,000 NHS patients outlines some of the major problems faced and their impact. One of the practice owners told us:

*“We recruited three dentists, all were already registered with the General Dental Council when they applied to join the performers list. They met all the correct criteria to be included into the performers list.*

*During the application process we experienced the following events:*

- *Lost application forms, despite them being posted by recorded delivery and signed for by Capita.*
- *Mixed messages from Capita regarding the status of the application progression.*
- *Phone calls not being answered and being left on hold for over 40 minutes in a queue.*
- *Complaints not being responded to.*

- *Emails not being responded to.*
- *Different Capita offices (Leeds and Preston) each saying the other had the application.*
- *Published timetables for issuing the performer number not being followed despite the submission of the correct paperwork.*
- *Paperwork going missing, despite emails previously confirming it had been received.”*

### **Performers (primary care dentists)**

15. The financial and emotional impacts of these delays on performers who had relocated (and in some cases relocated their families) in the legitimate expectation of being able to work in the profession they had trained for and for which both they and the State have invested significant sums are profound. (Our research suggests that current debt levels of newly qualified dentists stand at approximately £65,000).

16. This extract comes from a practice manager who wrote to us about the situation of a new associate dentist:

*“We have been told it could be another 4 months before she actually gets a number (and get paid). It’s not acceptable to expect people to wait for so long earning nothing. She could have easily moved to a private practice to start earning money. She has been so stressed she’s cried on numerous occasions and on one occasion was physically sick. Her debts continue to mount, following the debt she accrued as a student and she has not been able to start repaying.”*

17. The following extract comes from a young performer dentist who had qualified in England and completed his foundation year in Scotland who wrote to us about the emotional and financial impact of these delays:

*“As a newly qualified dentist I am keen to work and develop as a competent and confident dentist. Having nearly four and half months off work has meant that I now have to rebuild my skills slowly and therefore deal with the impact on my practice.”*

18. Dentists continued to accrue the costs associated with being a registered dental profession in the UK whilst waiting for their performer list number – to practise, dentists have to continue their registration with the GDC at a cost of £890 per year and their professional indemnity, which on average costs £4000 – even though they could not work for a period of weeks or months.

19. Whilst some of these individuals have received goodwill payments the onus has been on individuals to apply for these payments and the sums awarded have rarely come close to meeting the losses incurred as there is a 16-week start point and a cap of £10,000. Some new dentists to this country are unfamiliar with the processes within the NHS and may not have realised that some recompense was available to them. For these dentists the delays also meant that their training in NHS matters was delayed as it is linked to working in a practice.

20. As a minimum, we believe NHS England should have written to all those affected, to make them aware of the situation and the routes to the goodwill payments. Given that applications were processed in less than 16 weeks in the past we would argue that those affected should be compensated without the artificial limits set.

## Practices

21. The delay in processing performer numbers has had a major impact on practice performance and on the viability of practices.
22. Under the current dental contract, NHS England commissions a dental practice to deliver a finite number of Units of Dental Activity (UDAs) every year. Where providers in England fail to deliver at least 96 per cent of their contracted activity commissioners are able to recover, or 'claw back', the payments made for this activity. This can have a considerable impact on practice finances, particularly given that overheads (staff salaries, utilities, mortgages and repayments for loans) will broadly be fixed even where all contracted UDAs have not been met.
23. In 2016-17 this claw back increased substantially from £54.5million to £81.5 million, according to the NHS Business Services Authority. The BDA's research has found that under-delivery and claw back is often caused by practices experiencing difficulties recruiting associates, with 28 per cent stating this was a factor.
24. The case here was sent to us by the Norfolk Local Dental Committee earlier this year. It sets out how the impacts of delays can affect a practice in subsequent years. We know that there are at least 140 cases of practices which had significant sums recovered in both 2016/17 and 2017/18 as a direct result of the Capita delays.

## Case study

*This is a 5-surgery practice that for the past 3 years 2012 - 2015 had achieved 102% of their UDA target. They had always worked closely with the NHS England Area Team and had a good working relationship.*

*During the year 2016/17 three performers left and they managed to recruit three more dentists. The seven and nine months it took for the performers to receive their numbers had a significant effect on the performance of their contract with UDAs achieved falling to 69 per cent for the year 2016/17.*

*The practice, requested a meeting in November 2016 with the NHS England Area Team (AT) followed by further requests but none were forthcoming due to lack of staff in the contracts team. The first contact of any relevance with the AT took place when the year-end reconciliation figures were published in June 2017 which showed a large underperformance for the year 2016/17 and therefore a claw back was demanded for the first 16 weeks based on a theoretical figure of 7000 UDAs (£169,575).*

*Any other under-delivered UDAs were rolled over to 2017/18. This meant of course that the practice was under greater pressure for the coming year. The practice would have to complete the outstanding 7175 from the previous year in addition to their annual UDA contract.*

*It is important to note that the practice is well run and well led with dentists that want to perform NHS dentistry while maintaining a good relationship with NHSE. They are now back up to their full employed NHS dentist capacity and are generating 3000 UDAs per month. Even though for the first 5/6 months of this year they were working at reduced capacity they are still likely to only be 3000 UDAs short this year.*

*The practice has worked really hard under massive pressures - a situation not at all of their making.*

*The practice has asked to spread the undelivered units of activity over the next few years. Rather than lose the units to claw back this would allow the practice to deliver care to the maximum number of patients.*

The practice has had no response to this request from NHS England.

#### **Have all the problems now been addressed?**

25. Whilst members are no longer reporting the long delays experienced in 2016/17 and 2017/18 there remain delays in processing performer list applications. We recognise that this situation is not solely of Capita's making as only part of the process was contracted out but our monitoring shows that the process is still taking longer than it did before the service was taken over.
26. As the cases above illustrate, the impacts may have long lasting repercussions for patients and dental practices, especially in areas where it is already difficult to recruit NHS dentists. NHS England needs to ensure that all practices and their patients are protected from the impacts of the PCSE delays - not just a few exceptional cases.

#### **How do current services compare with what you were receiving prior to the contract with Capita?**

27. The services are still worse than they were prior to the contract with Capita - two years into this new contractual arrangement.

#### **What do NHS England and Capita need to do now to improve services?**

28. We agree with the NAO's conclusions that NHS England and Capita need to work more closely with stakeholders to ensure that transformation activity delivers the benefits that were always intended.
29. We want to see the wider impacts of plans taken fully into account before sign off in future. This can only be done by listening to stakeholders and factoring in the time to seek the views of their communities of professionals. We are involved in the relevant project groups and have highlighted our concerns.
30. While highlighting concerns, we have also been hands on in working with NHSE and PCSE to support individuals through the process. We are very happy to continue to work very closely with NHS and Capita in order to improve services (particularly the performer list transformation project), however, this inevitably has cost implications for us as an organisation.
31. We have asked that NHS England consider taking back in-house the more complex administration associated with performer list applications from overseas candidates (Performer List Validation by Experience) as a discrete task which should be handled by NHS England directly as it requires specific expertise. However, NHS England is itself subject to staff cuts and we think it unlikely that they will agree to this request.
32. NHS England and Capita need to reach out to those performers and providers caught up in a situation not of their making to ensure that services to patients are protected – the onus should not be on practitioners to highlight their plight. We are aware that in addition to the millions in savings further millions have been returned in penalties to NHS England yet practices and performers are still being penalised. We believe that underperformance

should be written off, performers and practices compensated and NHS England trust the profession to work with them to find solutions in the best interests of patients.