RESEARCH SUMMARY

Access to dental health services in Scotland

Measuring access to health services: General Dental Services in Scotland
C. J. Tilley and M. J. Chalkley ***Br Dent J*** **2005; 198: 599–601**

Objective
Recently the issue of access to health services has been brought into sharp focus by clear evidence of rationing — patients queuing for NHS registration — in the NHS General Dental Services (GDS). Conventional estimates suggest that about 50% of adults are registered per annum. This paper demonstrates that these conventional measures of access and utilisation can generate potentially misleading inferences.
Design
By analysing individual-level claims data from over 35,000 patients over six years we are able to: identify the underlying patterns of utilisation that generate the aggregate 50% registration rate; provide more detailed estimates of utilisation and access; and suggest possible determinants of the patterns of utilisation we observe.
Setting
Primary care health services.
Results
In contrast to conventional estimates of access we find that close to 80% of the adult population in Scotland has had access to GDS over a six year period. Moreover, we find that the population is comprised of a relatively large group of patients (30% of the population) who access GDS at least once a year and a substantial group (19% of the adult population) who access services only once in six years. The groups who access services at intermediate frequencies are less numerous.
Conclusions
Assessing the effectiveness of the public provision of health care services requires accurate information regarding access to those services. This paper sets out a framework for analysing and interpreting longitudinal data to provide information on the extent of access to health care services.

IN BRIEF

- The lack of access to NHS dental services has been highlighted recently.
- This study sets out a framework for analysing and interpreting data to assess the extent of access to health care services.
- The results show that almost 80% of adults in Scotland have had access to NHS GDS over a six-year period, a higher rate than conventional estimates suggest.

COMMENT

The political importance of the term 'access' to health care cannot be overstated. With recurring regularity a Minister of Health has had to announce how 'access' to dental care will be improved. Yet the precise definition of what is meant by 'access' remains vague. There is no gold standard and several methodologies have been used to report how 'access' has altered raising issues about comparability.

Numerous commentators have used registration levels as a proxy to give some indication of the performance of NHS dental services. The great strength of the current paper is the debunking of the relevance of such data. As the authors highlight for policy analysis, registration levels are in the majority meaningless in determining possible access problems. An often-quoted figure is that 50% of the population are registered, and by default, 50% must have difficulty in doing so. The fatal flaw being the assumption those individuals who are not registered require care or even wish it.

The findings in the paper also have pronounced implications for workforce planning. Much has been made of the potential for the NICE guidelines on recall intervals to create capacity within the system. But as the authors report, the population who use services is far from homogenous. Approximately 30% use NHS services at least once a year while nearly 20% use them only once every six years. The important question is to what extent do those who do use the system on an annual basis match the recommendations of the NICE report?

Meaningful data on how individuals choose to use the dental care system must be derived through longitudinal studies. In addition to the present study, the unique database that has been built up over the years by the Dental Practice Board in England and Wales has provided policy makers with the potential to examine how previous changes in the system impact on how individuals use the system. The disappointment is the failure by those in charge to use the data and to adopt the same scientific rigour in policy making that is required in clinical trials. Unfortunately as both the plurality and the relative balance of sources through which dental care is obtained alter, the value of data obtained through the NHS system weakens. Mechanisms will need to be found to collect relevant data for the population at large if we are to have a rational debate on whether the current reforms lead to improvements in the care system.

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