

STATES OF JERSEY



MOBILE DENTAL SERVICE FUNDED FROM THE HEALTH INSURANCE FUND

Lodged au Greffe on 13th October 2011
by Senator A. Breckon

STATES GREFFE

PROPOSITION

THE STATES are asked to decide whether they are of opinion –

- (a) to request the Minister for Health and Social Services to establish a new mobile dental service in Jersey with 2 fully-equipped mobile dental surgeries providing dental care to primary schoolchildren, children of pre-school age attending nurseries and senior citizens who are in receipt of an old age pension with the initial capital cost of the mobile surgeries and the annual operating costs being met from the Health Insurance Fund for an initial period of 5 years;
- (b) to request the Ministers for Health and Social Services and Social Security, in consultation with the Minister for Treasury and Resources, to bring forward for approval the necessary measures to enable funding to be made available from the Health Insurance Fund and, subject to that approval, to take the necessary steps to establish the service.

SENATOR A. BRECKON

REPORT

In August 2011 I came across a snippet of information about “Dental Visits” in the UK which said that –

“Some 26,000 fewer children are now seen by an NHS dentist than in 2004/06, despite a rise in the overall number of people paying a visit. Data for England reveal 29.2 million people (56.3% of the entire population) were seen by an NHS dentist in the two years to June 2011, a rise of one million on the two years to March 2006 (55.8%). But while the number of children seen has risen over the past three years, there are still fewer child visits than before a new dental contract was introduced in 2006.”

I know that Jersey has no equivalent NHS dental services so this raised the question about who is going without dental treatment. I am also aware from what people have told me in Jersey over many years that the cost of dental treatment is a very real issue. Therefore, many do without or seek treatment only as a last resort for emergency treatment. I believe while we have money in a “Health Fund”, it should be targeted at a definite community health need dental treatment.

I believe there are some positive health benefits from getting the population “dentally fit” while there are schemes for young and old and do not believe they are effective enough and more direct action is required.

Background

I viewed with some concern and voted against P.125/2010 by which the Minister for Social Security has obtained over £6.1 million in 2011 and will seek a similar amount in 2012 to give to the Minister for Health and Social Services, in what can be loosely described as “health funding”. This will be overseen by the Minister for Treasury and Resources.

I am not amused by this “gang of three” having a sort of “kitchen cabinet”, accessing funds that have been obtained from each employer/employee contributions to use to prop up the health budget. Furthermore, I’ve no doubt that senior officers will become all too aware that this is a nice little fund for them to raid when the need arises.

However, I take a slightly different view; contributions have been paid in by employers and employees and should be ring-fenced for defined health benefits, as happens with assistance with services of a GP or towards prescription costs.

Therefore, I am proposing that a comprehensive dental system should be set up from the Draft Health Insurance Fund. Firstly, this should serve children at the Island’s Primary Schools, which at September 2011 have 6,940 pupils and a further 500 are in States schools nurseries. Also there are about 460 children in private nurseries or catered for elsewhere (Figures attached, see Appendix 1). So there is a considerable workload for a team of dentists to get their teeth into!

At the time of writing this Report, the information for 2010 is not available from Social Security.

5 Year Summary of Health Insurance Fund

	2005	2006	2007	2008	2009
	£000	£000	£000	£000	£000
<u>Income</u>					
Contributions-					
Contributors	22,312	23,610	25,507	27,549	28,912
Taxation	1,171	1,218	1,276	125	–
Bank Interest	1,751	1,997	2,986	3,138	294
Discounts Received	59	121	149	158	85
Total Income	25,293	26,946	29,918	30,970	29,291
<u>Expenditure</u>					
Benefits	17,318	17,534	18,210	21,154	22,424
Administration	1,084	929	1,051	1,153	1,489
Total Expenditure	18,402	18,463	19,261	22,307	23,913
Net Surplus	6,891	8,483	10,657	8,663	5,378
Net Assets	44,295	52,778	63,435	72,098	77,476

I believe it will be a good “health investment” for the future to offer a comprehensive dental provision for young children. However, I do not believe it should stop there and the service and facilitation should also be used for those in the receipt of a Jersey old age pension.

One of the ways that I believe this could be achieved is by targeting school-children by citing a mobile unit within the school premises. There are just under 7,000 children in education 11 and under, who could benefit from this scheme (at September 2011).

Mobile medical accommodation is the future of accessible healthcare. Single or a specialist fleet of trailers can be configured to any sophisticated clinical environment required, creating a high-quality, patient-friendly facility that can be easily transported to any location. Whether for temporary accommodation at a fixed site or to take treatments ‘on the road’ to various locations, mobile medical clinics are a cost-effective and convenient solution. Quick to deliver and simple to install, highly sophisticated mobile clinics can be tailored precisely to medical and community needs.

Taking treatment into the community – taking healthcare services direct to the patient, can attend to patient needs with speed and efficiency away from a busy town centre, it can also be beneficial and cost effective at Parish Halls and more rural sites, cutting out people travelling in all directions.

I believe that this is an ideal ‘vehicle’ for Jersey to do some catching up with dental treatment for young and old alike.

Below are some extracts from P.125/2010, Draft Health Insurance Fund (Miscellaneous Provisions) (Jersey) Law 201-

“The Health Insurance Fund (the “Fund”) was established when the Health Insurance (Jersey) Law 1967 (the “Law”) came into force on 4th December 1967. The Fund receives a set percentage allocation of all social security contributions collected under the Social Security Law, which is currently 2% (made up of a 0.8% contribution from employees and a 1.2% contribution from employers) of the 12.5% total contributions collected.

The Law specifies that the Fund is to use the contributions received to meet primary health care costs, which are currently limited to medical and pharmaceutical benefits.”

My Comment

I believe this should be extended to include dental treatment – beginning with the young and the old. A 10 year plan will bring considerable health benefits and is just the type of scheme that should be funded from the Health Insurance Fund – it is targeted at a specific area of need as opposed to allowing the Ministers for Health and Social Services and Treasury and Resources to use it as a piggy bank to be raided to support the health budget.

“Since 1967, the scope of primary care has expanded greatly and many different healthcare professions are now involved in first-line medical and healthcare treatment and care. Typically, primary care is provided in a community setting, such as a G.P. surgery or a health centre. In Jersey, some primary care services are delivered from the General Hospital.

The Health and Social Services Department (HSSD) funds a number of primary care services, some of which are provided directly and some through third-party organisations, in particular Family Nursing and Home Care.

Transfer of funds

This proposition would bring into effect the funding arrangement set out in the 2011 Business Plan, to be debated in September 2010. In order to provide the Health and Social Services Department with the full value of its proposed budget for 2011, it is necessary to bring a proposition to draw on funds currently held in the Health Insurance Fund.

The Draft Business Plan 2011 identifies a £4.9 million contribution from the Health Insurance Fund to fund growth in Health and Social Services expenditure and a further £930,000 primary care service costs transfer from the Fund as part of the Health and Social Services 2% Comprehensive Spending Review (CSR) proposals. It is further proposed that an additional £301,000 should be met by a transfer from the Health Insurance Fund to partially fund diabetic supplies and dietary, oxygen and continence products. This would remove these “user pays” elements from within CSR 2011 proposals (Ref HSS-UP 1/2 in the 2011 Business Plan P99/2010).

The draft Law provides for a transfer of funds in 2011 in the total sum of £6.131 million. Article 2 of the draft Law allows the Minister to return to the

States and seek a similar transfer in 2012. The value of this transfer will be determined during 2011 and will need to be approved by the States before it can take place.

There is no provision made for any further transfers; and the Minister for Health and Social Services has made a clear commitment to address the issue of primary care health services within this 2 year period. Legislation to replace or substantially revise the current Health Insurance Law will be brought forward before 2013. Given the continuing pressures on health services, this is likely to include the requirement for increased contributions to fund a modern primary care health service.

The ring-fencing of Social Security and Health Insurance Funds is of paramount importance, and the agreement with the Minister for Health and Social Services to propose this draft Law has not been undertaken lightly. However, given the ongoing requirement for additional funding across primary and secondary health care, the transfer of agreed sums to be allocated to the funding of specific primary health care services, currently funded by HSSD, is considered to be reasonable in the circumstances. It will allow funds to be released from existing HSSD budgets to meet the cost of essential growth in HSSD funded areas, as set out in the 2011 Business Plan.

The release of the £6.131 million to the Health and Social Services Department in 2011 will be tightly controlled by the Minister for Treasury and Resources. The Minister for Treasury and Resources will only sanction the release of funding upon receipt of evidence from the Health and Social Services Department confirming expenditure in respect of primary care services. The balance of the cost of primary care services administered through HSSD will continue to be funded directly from the HSSD revenue budget.” (P.125/2010)

My Comment

I really have some concerns about this, or any other Treasury Minister getting their hands on the Social Security Funding. When these funds were modernised in the 1960's and 1970's they were deliberately set up for Social Security purposes – that is to say in general terms “health related and benefits”. Cheques and payments are made to “Social Security”, not the treasurer of the States. I believe it is important –vital- to maintain this process and keep the Treasury Minister and the Treasury at arms length and not let them raid the funds.

“Primary Care Services

Whilst the intent of the 1967 Law has generally served the Island well, it is increasingly recognised that there is now a need, some 43 years later, to review and revise aspects of the Law. New primary care legislation needs to support a contemporary range of primary care services and to establish a rigorous local governance framework as required by U.K. primary care regulators. The attached draft Law (Article 3) provides funding for the

introduction of new arrangements for the delivery and regulation of primary care.

Primary care services are the first point of contact that individuals and their families have with health and social care services. Currently in Jersey, many different health professionals working for a range of private and public sector organisations are involved in providing these services.

The Minister for Health and Social Services is responsible for the development of primary health care policy in Jersey; and the Minister for Health and Social Services is aiming to achieve primary health care services that include –

- universal basic health care and the first point of contact that individuals and families normally have with health services;
- services delivered to individuals and families in non-hospital settings, for example, health visiting services from Family Nursing and Home Care;
- preventative services to help people before they get ill, for example, breast and cervical cancer screening and the avoidance of heart disease;
- programmes of care for the improved management of chronic diseases such as diabetes, chronic obstructive pulmonary disease and depression.

In the U.K., longstanding policy has been to strengthen the role of primary care services through a strategy of shifting the balance of care away from hospitals. To date, this trend has not been seen in Jersey. This must, at least in part, be due to the inflexibility of the 1967 Health Insurance Law in which medical benefit is linked exclusively to services provided personally by G.P.s. There has been a tendency to develop and fund separate primary care services from within the Health and Social Services Department.

Review

In the longer term, and in the interests of delivering more fully-integrated services, there will need to be significant structural changes to the way primary care services are funded and delivered. This is to be the subject of a detailed review that will form part of the Comprehensive Spending Review and parallel work in relation to implementing the Fiscal Strategy.

The review will consider how those services are best delivered in the future to achieve the maximum health benefit for the population whilst delivering value for money.

Hence the options of continuing to deliver them through the hospital or through primary care providers will form a key part of the review. Revised legislation will substantially amend or replace the current 1967 Law.

Financial and manpower implications

There are no permanent additional manpower implications arising directly from this proposition; any short-term manpower implications arising from Article 3 will be managed from within existing manpower budgets.

The financial implications are for the years 2011 and 2012 only and will be met from within the accumulated surplus within the Health Insurance Fund, which amounted to £77 million as at 31st December 2009.

The accumulated surplus within the Health Insurance Fund is designed to provide for the increasing cost of current medical and pharmaceutical benefits as the proportion of elderly people increases significantly over the next 20 to 30 years. Drawing funds down now and extending the scope of the Law to fund a modern primary care health service will require additional contributions to be levied in coming years.

The effect of these proposals will be to place the Fund into “in-year” deficits for 2011 and 2012. If funding for the proposed initiatives was to continue on this basis in the medium term, then the accumulated surplus would very quickly be exhausted.

The primary Health Care strategy, when presented, will include proposals for the sustainability of funding.” (*P.125/2010*)

Appendix 1 – Pupil Numbers for each of the Island’s schools at September 2011.

Appendix 2 – Jersey Dental Fitness Scheme 11–21 year olds.

Appendix 3 – Qualifying for the 65+ health plan.

Appendix 4 – Cost/Project Estimate.

Appendix 5 – Unique Mobile Healthcare Solutions

Conclusion

Over the years many people have expressed concern about the cost of dental treatment and I believe this proposal gives an opportunity to provide some long-term health benefits, however, a degree of catch-up is required to get lots of people dentally fit. The money is available languishing in a fund which I believe should be targeted at a specific health need.

Financial and Manpower Implications

The scheme would be funded from the Health Insurance Fund not from the States of Jersey budgeting process. I have looked at a number of recruitment agencies for dental staff and I have set out below some outline figures for guidance – which are at best an annual estimate.

5 x Dentists	£600,000
4 x Dental Staff	£200,000
2 x Admin Staff	£60,000
Incidental Costs	£140,000
<u>Total:</u>	£1,000,000

Start-up Costs

To purchase and equip 2 mobile dental units each with capacity for 2 dentists and support staff and make some site modifications in Jersey to accommodate the units is estimated at £1 million.

Therefore, the initial request from the fund would be £2 million in the first year and £1 million per year thereafter for at least the next 5 years and then subject to review.

The Staff would be contract staff and not employed by the States of Jersey.

APPENDIX 1

At September 2011

Primary School	Nursery	Total excluding nursery
Bel Royal	30	161
d'Auvergne	30	339
First Tower	40	360
Grands Vaux	27	133
Grouville	31	370
Janvrin	30	336
La Moye	30	324
Les Landes		165
Mont Nicolle	28	167
Plat Douet	29	321
Rouge Bouillon	30	355
Samares	30	214
Springfield		175
St.Clement	30	177
St.John	26	166
St.Lawrence	25	175
St.Luke		177
St.Martin	30	185
St.Mary		166
St.Peter	29	184
St.Saviour	25	183
Trinity		164
Mont a l'Abbe *		35
J.C.G.P.		375
V.C.P.		291
Beaulieu		192
F.C.J.		289
De La Salle		228
Helvetia		90
St.George's		176
St.Michael's		267
	500	6940

Secondary School	Total
Haute Vallee	700
Grainville	567
Le Rocquier	891
Les Quennevais	777
Hautlieu	676
d'Hautree House	17
Mont a l'Abbe	41
J.C.G.	716
V.C.	737
Beaulieu	561
De La Salle	542
St. Michael's	60
	6285

There are approximately a further 460 pupils either in private nurseries or catered for elsewhere

The Jersey Dental Fitness Scheme can help towards the cost of dental treatment for young people between the ages of 11 and 21.

You may be eligible to join the Jersey Dental Scheme if:

- you are between 11 and 18, or 21 if you remain in full-time education
- the total annual family income (that of parents or guardians) is below a certain limit
- you have lived in Jersey for a continuous period of at least 5 years, or have been in full-time education in Jersey for at least 2 years
- a dentist is willing to have you as a patient in the scheme

Please note: if you are between 16 and 18, are working, and are living in the family home, it is your own income which is considered.

How do I join the scheme?

You should choose a dentist and make an appointment mentioning the Jersey Dental Scheme. At the appointment, the dentist will examine your teeth to see if you are dentally fit. There may be a charge for this initial appointment.

If you are dentally fit, and your dentist agrees to treat you under the scheme, then you will need to complete an application form. Your dentist must complete part 2 of the form.

As soon as you receive details of your membership of the scheme, all you have to do is make regular appointments to see your dentist.

You will be charged monthly once you have joined the scheme. The States will pay part of the monthly fee and you will pay the rest. This monthly fee covers all routine treatment while you are in the scheme.

How do I pay the monthly fee?

There are 3 ways to pay the monthly fee:

- by direct debit. Fill in the 'instructions to your bank' section on your application form, and the payment will automatically be paid from your bank account each month
- by cheque, if paying for 6 months or a year in advance. Cheques should be made payable to the Jersey Dental Scheme
- by cash, which can be paid into any branch of HSBC Bank using the paying-in slips we will give you

Please note: if you make your cash payment at any bank other than HSBC, you may be charged. You cannot claim this back from the scheme.

If you fall behind in your monthly payments by 2 months you will no longer be a member of the scheme.

You will have to pay the full price for all further treatment.

What dental care is covered under the scheme?

The scheme covers all routine dental care. This includes all of the following treatments (if given in normal surgery hours):

- examination and report (including all necessary scaling and polishing of teeth and treatment of sensitive dentine)
- routine x-rays taken inside the mouth
- emergency first aid treatment of a dying tooth
- treatment of acute infection or pain
- re-cementing a crown or inlay
- re-cementing a bridge
- construction and fitting of a temporary crown
- stopping abnormal bleeding (including aftercare and removing stitches)
- easing of dentures (not including laboratory fees)
- removing stitches put in by another dentist
- routine extractions under local anaesthetic
- routine preventative dentistry
- routine fillings

What dental care is not covered?

The following treatments are not covered under the scheme:

- crowns or bridges
- dentures (making or adding to)
- surgical removal of impacted wisdom teeth
- general anaesthesia
- root fillings
- straightening of teeth
- minor oral surgery
- cosmetic surgery

If you receive any of these treatments you will have to pay the full cost of the treatment.

Are all dentists involved in the scheme?

Most dentists are involved in the scheme. Please contact the Jersey Dental Scheme for a list of dentists taking part in the scheme.

Can I change dentists once I've joined the scheme?

You can change your dentist once you've joined the scheme.

You need to send us a new application form filled in by yourself and your new dentist, and tell us that you will no longer be seeing your old dentist.

What if I want to leave the scheme?

If you want to leave the scheme, write to us. We will let your dentist know and you will be charged for all further treatment in the usual way.

Qualifying for the 65+ health plan

How do I know if I qualify for the plan?

You are likely to qualify if you meet each of the following:

- you are 65 or over at the time of application
- you do not pay income tax because your income level is below the relevant tax limits
- you have been resident in Jersey for 5 years
- if you are single your capital assets are less than £20,000 or
- if you are married your capital assets are less than £30,000

Please note: capital assets do not include your own home but do include items such as other properties you own, savings and investments, pension bonds and other items of value such as jewellery and paintings.

How much can I get towards optical, dental and chiropody costs?

Optical

- every 2 years, up to £15 towards an eye test
- every 2 years, up to £90 towards new prescription spectacles, lenses or contact lenses

Dental

- every year, up to £22 towards a dental check-up
- every year, up to £250 towards dental treatments or dentures

Chiropody

every year, up to £90 towards the cost of chiropody treatment from a State registered chiropodist (a list of State registered chiropodists can be found in the advertising section of the Jersey Telephone Directory)

APPENDIX 4

Cost | Project Estimate

Description	Quest 2	Liberty
Purchase of existing unit	£250,500	£246,000
Modification of the existing	£45,500.00	£42,000
Dental Furniture	£28,700	£28,700
Dental Sterilisation Equipment	£12,775	£12,775
Vehicle Delivery	TBC	TBC
Per Vehicle	£337,475	£329,475
2 x Vehicle Total (4 dental surgeries total)	£674,950	£658,950
Purchase of new build unit)	£920,000	£920,000

Notes

Costs exclude VAT

Site preparation & Connections at clients cost

Payment Terms 30%
 Deposit

Balance Monthly in advance

Unique Mobile Healthcare Solutions



Vehicle Recommendations

Two Options

EMS Healthcare have two different setup styles of mobile medical trailers. Both offer two dental surgeries and supporting facilities. The differences are subtle and selection is down to your preference in choosing:

Liberty Dental with a larger reception area and private staff area

Quest with increased supporting spaces. .



Vehicle Layout

Liberty Dental

The vehicle provides a spacious and modern layout that includes the following features:

- Large Reception Area
- Waiting Area
- Sterilisation Room
- 2 x Dental Surgeries
- Staff Area
- Store Area
- Lead Lined X-ray Room or toilet
- Patient Access Lift
- Full DDA Compliance



Dental Equipment

Treatment Area

Space must be allowed for a dentist and assistant to be positioned behind the patient. Equipment to consider in this area:

- Dental chair – a leg break style chair where the leg extension folds back to offer greater circulation space in the room.
- Examination Lamp – this is shown mounted on the chair.
- Delivery cart – this equipment powers the dental hand pieces with compressed air.
- Aspirator – suction and mouth wash at the patients side.
- Compressor – This would be located away from the treatment area to reduce noise.

Utility Area

New regulations in England for the decontamination of dental equipment require a dirty to clean work flow around the room.

Essential equipment in this area is:

- Stainless steel equipment washing sink
- Washer disinfector
- Autoclave steriliser
- Storage racking shelves in cabinetry

X-Ray

- Wall mounted x-ray machine with remote control and viewing panel

The autoclave steriliser heats to kill remaining bacteria.



The washer disinfector removes any materials after the hand wash

